PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Hew HANDVEL Instrument Location BAT Mobile Unity   |
|--|--|
| Instrument   | Serial No  |
| The prevent  | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5,   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| certify that or<br>procedures w<br>Department o  | on the   |
| THE STATE OF THE S |  |
|  | Signature of Certifying Official Certificate Number  |

NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test   | g/210L                           | Time  |
|--|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 7:03pm<br>7:04pm<br>7:05pm<br>7:06pm<br><b>7:07pm</b><br>7:08pm |
| SUB TEST                                       | .00                              | 7:09pm  |
| AIR BLK  | .00                              | 7:10pm  |
|  |                                  |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Ánalyst

## NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Date: 10/31/2013

Test Record Number: 751 Test Time: 7:11pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:12pm |
| FLO  | Pass   | 7:12pm |
| FC   | Pass   | 7:12pm |

## Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 7:12pm<br>7:12pm<br>7:12pm<br>7:12pm<br>7:12pm |
|                                |                                      |  |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:12pm |

#### Printer Tests

| Toat | G = +     |        |
|------|-----------|--------|
|      | CRC Tests |        |
| PRNT | Pass      | 7:12pm |
| ICSL | Status    | Time   |

| rest | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:13pm |
| CAL  | Pass   | 7:13pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_  | How HANDYOL Instrument Location BAT Mabile Unit!   |
|--|--|
| Instrume   | nt Serial No   |
| The preve  | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5,   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that<br>procedures<br>Departmen  | at on the  |
| STATE CREATE CRE | TE OF NO.  |
| - Carrier  | Signature of Certifying Official Certificate Number  |
|  | Signature of Certifying Official Certificate Number  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNT 7

Serial Number: 008734 Test Date: 10/31/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| rest  | g/210L                   | Time   |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .07 .00 .00 .00 | 7:03pm<br>7:04pm<br>7:05pm<br>7:06pm<br><b>7:07pm</b><br>7:08pm<br><b>7:09pm</b> |
| AIR BLK   | .00                      | 7:10pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## NEW HANOVER COUNTY BAT MOBILE UNT 7 640

Serial Number: 008734 Test Record Number: 751 Test Date: 10/31/2013 Test Time: 7:11pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:12pm |
| FLO  | Pass   | 7:12pm |
| FC   | Pass   | 7:12pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:12pm |
| SRC  | Pass   | 7:12pm |
| DET  | Pass   | 7:12pm |
| BAR  | Pass   | 7:12pm |
| BT   | Pass   | 7:12pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:12pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:12pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

Pass

Pass

7:13pm

7:13pm

Preventive Maintenance Status: Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Serial No. 008760  |
|--|--|
| Instrument S   | Gerial No  |
| The preventi four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.               |
| procedures we  | on the 3/ day of 2/5/6/2, 20/13 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | Signature of Certifying Official Certificate Number  |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 7:54pm           |
| ACCY CHK        | .00    | 7:55pm<br>7:55pm |
| AIR BLK         | .00    | 7:56pm           |
| SUB TEST        | .00    | 7:57pm           |
| AIR BLK         | .00    | 7:58pm           |
| SUB TEST        | .00    | mq00:8           |
| AIR BLK         | .00    | 8:01pm           |

Reported AC

.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Test Record Number: 510 Test Time: 8:05pm EDT

System Check: Passed

### Baseline Tests

| Test            | Status               | Time             |
|-----------------|----------------------|------------------|
| IR<br>FLO<br>FC | Pass<br>Pass<br>Pass | 8:06pm<br>mq30:8 |

## Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 8:06pm<br>8:06pm<br>8:06pm<br>8:06pm<br>8:06pm |
|                                | - 455                                | 0:000111                                       |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:07pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:07pm |
| ٠    | CRC Tests |        |
|      |           |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:07pm |
| CAL  | Pass   | 8:07pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | low Handled Instrument Location BAT  | Mobile Chit   |
|--|--|---|
| Instrument S   | erial No. <u>00 8 1 ( )</u>  |   |
| The preventifour months  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:  | e followed at least once every                                |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;   | ath simulator thermometer show                                |
| 2.   | Verify instrument displays time and date;  |   |
| 3.   | Initiate breath test sequence;   |   |
| 4.   | Enter information as prompted;   |   |
| 5.   | Verify instrument accuracy;  |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   | •   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.   | Print test record;   |   |
| 9.   | Verify Diagnostic Program; and   |   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first. | date, or the alcoholic breath coholic Breath Simulator tests, |
| ar occurred with   | on the   | rgoing preventive maintenance at regulations of the N.C.      |
| THE STATE OF THE S | Signature of Certifying Official   | _654  |
|  | Signature of Certifying Official   | Certificate Number  |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 7:54pm<br>7:55pm<br>7:55pm<br>7:56pm<br><b>7:57pm</b> |
| AIR BLK  | .00                       | 7:58pm  |
| SUB TEST   | .00                       | 8:00pm  |
| AIR BLK  | .00                       | 8:01pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008760

Test Record Number: 510 Test Date: 10/31/2013 Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:06pm |
| FLO  | Pass   | 8:06pm |
| FC   | Pass   | 8:06pm |

#### Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 8:06pm<br>8:06pm<br>8:06pm<br>8:06pm<br>8:06pm |
|                                |                                      |  |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:07pm |

#### Printer Tests

| Tesc | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:07pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:07pm |
| CAL  | Pass   | 8:07pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Per HAMPYER Instrument Location BAT Mabile Unit!   |
|--|--|
| Instrument S   | erial No. 08104 Instrument Location BAT Mapile Unit 1  |
|  |  |
| The preventive four months a   | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or<br>procedures we<br>Department of  | n the, 20, 20, the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.       |
| THE STATE OF THE S |  |
|  | Signature of Certifying Official Certificate Number  |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

> Serial Number: 008704 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective: 02/01/2012-02/01/2014

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG309101 Exp Date: 04/01/2015

| Test             | g/210L     | Time                    |
|------------------|------------|-------------------------|
| DIAG<br>AIR BLK  | Pass       | 7:51pm<br>7:52pm        |
| ACCY CHK         | .08        | 7:53pm                  |
| AIR BLK SUB TEST | .00<br>.00 | 7:53pm<br><b>7:54pm</b> |
| AIR BLK          | .00        | 7:54pm                  |
| SUB TEST         | .00        | 7:57pm                  |
| AIR BLK          | .00        | 7:58pm                  |

Signature of Chemical Analyst

Court CVR

Analyst

## NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

Test Record Number: 177
Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:06pm |
| FLO  | Pass   | 8:06pm |
| FC   | Pass   | 8:06pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:06pm |
| SRC  | Pass   | 8:06pm |
| DET  | Pass   | 8:06pm |
| BAR  | Pass   | 8:06pm |
| BT   | Pass   | 8:06pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:07pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 8:07pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 8:07pm |

Preventive Maintenance Status: Pass

Pass

8:07pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_  | low Hayover Instrument Location BAT Mobile Unit  |
|--|--|
| Instrument S   | erial No. 008704   |
| The preventi four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that opposed ures we Department o  | on the   |
| THE STATE OF THE S |  |

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 7:51pm<br>7:52pm<br>7:53pm |
| AIR BLK                     | .00                | 7:53pm                     |
| SUB TEST                    | .00                | 7:54pm                     |
| AIR BLK                     | .00                | 7:55pm                     |
| SUB TEST                    | .00                | 7:57pm                     |
| AIR BLK                     | .00                | 7:58pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Änalys

#### NEW HANOVER COUNTY BAT MOBILE UNIT 7 640

Serial Number: 008704 Test Date: 10/31/2013

Test Record Number: 177

Test Time: 8:05pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:06pm |
| FLO  | Pass   | 8:06pm |
| FC   | Pass   | 8:06pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 8:06pm |
| SRC  | Pass   | 8:06pm |
| DET  | Pass   | 8:06pm |
| BAR  | Pass   | 8:06pm |
| BT   | Pass   | 8:06pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:07pm |

#### Printer Tests

| Test | Status       | Time   |
|------|--------------|--------|
| PRNT | Pass         | 8:07pm |
|      | CRC Tests    |        |
| Test | Status       | Time   |
| COMP | Pass<br>Pass | 8:07pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Ow HANOVEL Instrument Location 1345 Whole Chyt  |
|--|---|
| Instrument Ser   | ial No008623  |
| The preventive four months ar  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.      |
| I certify that on<br>procedures wer<br>Department of   | the 3/ day of 2/20/2, 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S |   |

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 10/31/2013 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:56pm |
| AIR BLK  | .00    | 7:57pm |
| ACCY CHK | .07    | 7:58pm |
| AIR BLK  | .00    | 7:59pm |
| SUB TEST | .00    | 8:00pm |
| AIR BLK  | .00    | 8:01pm |
| SUB TEST | .00    | 8:02pm |
| AIR BLK  | .00    | 8:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640 Serial Number: 008623 Test Record Number: 2783

System Check: Passed

### Baseline Tests

| Test<br>IR<br>FLO<br>FC | Status<br>Pass<br>Pass | Time<br>8:07pm<br>8:07pm |
|-------------------------|------------------------|--------------------------|
| FC                      | Pass                   | 8:07pm                   |

## Temperature Tests

| Status<br>Pass<br>Pass<br>Pass<br>Pass | Time<br>8:07pm<br>8:07pm<br>8:07pm<br>8:07pm |
|--|--|
| Pass                                   | 8:07pm                                       |
|  | Pass<br>Pass<br>Pass<br>Pass                 |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 8:08pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:08pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 8:08pm |
| CAL  | Pass   | 8:08pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_/   | Local HANOIS Instrument Location 13AT W   | Poble (h, th  |
|--|---|---|
| Instrument Se  | erial No. (V) 8623  |   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fo<br>are:   | llowed at least once every                              |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;  | imulator thermometer show                               |
| 2.   | Verify instrument displays time and date;   |   |
| 3.   | Initiate breath test sequence;  |   |
| 4.   | Enter information as prompted;  |   |
| 5.   | Verify instrument accuracy;   |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |   |
| 8.   | Print test record;  |   |
| 9.   | Verify Diagnostic Program; and  |   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.                    | e, or the alcoholic breath olic Breath Simulator tests, |
| I certify that o<br>procedures we<br>Department of   | on the 2/ day of 2/20/2, 20/3 the forgoinere performed on the instrument indicated above, in accordance with current restricted and Human Services, and the instrument is functioning properly. | ing preventive maintenance egulations of the N.C.       |
| STATE OF STA | - Comment of the second   | 659   |
|  | Signature of Certifying Official  | Certificate Number                                      |

NEW HANOVER COUNTY BAT MOBILE UNIT 7
640

Serial Number: 008623 Test Date: 10/31/2013 Citation Number: M0003300-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 7.56pm  |
| AIR BLK  | .00    | 7:57pm  |
| ACCY CHK | .07    | 7:58pm  |
| AIR BLK  | .00    | 7:59pm  |
| SUB TEST | .00    | mq00:8  |
| AIR BLK  | .00    | 8:01pm  |
| SUB TEST | .00    | 8:02pm  |
| AIR BLK  | .00    | mcrE0:8 |

3/2101

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY BAT MOBILE UNIT 7 640
Serial Number: 008623 Test Record Number: 2783
Test Date: 10/31/2013 Test Time: 8:06pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 8:07pm |
| FLO  | Pass   | 8:07pm |
| FC   | Pass   | 8:07pm |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
|               | Deacas | TIME   |
| FC1           | Pass   | 8:07pm |
| SRC           | Pass   | 8:07pm |
| DET           | Pass   | 8:07pm |
| BAR           | Pass   | 8:07pm |
| $\mathtt{BT}$ | Pass   | 8:07pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | mq80:8 |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 8:08pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | mq80:8 |
| CAL  | Pass   | 8:08pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                 | New HANOVER Instrument Location BAT Whole Chief!   |
|------------------------|--|
| Instrumen              | at Serial No. OOSIN  |
|                        |  |
| The preve              | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every his are:   |
| 1.                     | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                     | Verify instrument displays time and date;  |
| 3.                     | Initiate breath test sequence;   |
| 4.                     | Enter information as prompted;   |
| 5.                     | Verify instrument accuracy;  |
| 6.                     | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                     | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                     | Print test record;   |
| 9.                     | Verify Diagnostic Program; and   |
| 10.                    | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedure              | nat on the, day of, 20, 20, 20   |
| COREATE COREATE STATES |  |

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 6:56pm |
| AIR BLK  | .00    | 6:57pm |
| ACCY CHK | .07    | 6:57pm |
| AIR BLK  | .00    | 6:58pm |
| SUB TEST | .00    | 6:59pm |
| AIR BLK  | .00    | 7:00pm |
| SUB TEST | .00    | 7:02pm |
| AIR BLK  | .00    | 7:03pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577

Test Record Number: 924

Test Date: 10/31/2013

Test Time: 7:04pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:04pm |
| FLO  | Pass   | 7:04pm |
| FC   | Pass   | 7:04pm |

#### Temperature Tests

| Test                     | Status                       | Time                                 |
|--------------------------|------------------------------|--------------------------------------|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 7:05pm<br>7:05pm<br>7:05pm<br>7:05pm |
| BT                       | Pass                         | 7:05pm                               |
|                          |                              |                                      |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:05pm |

## 7:05pm

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 7:05pm |

Printer Tests

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 7:05pm |
| CAL  | Pass   | 7:05pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County \( \rangle                               | lew Harover Instrument Location BAT Mobile Unity   |
|---|--|
| Instrument S                                    | Jew Harover Instrument Location BAT Mobile Unit?  Jerial No. 008577  |
|   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.               |
| I certify that<br>procedures w<br>Department of | on the 3/ day of 2 bere, 20/3 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| TATE STATI                                      |  |

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| g/210L      | Time                             |
|-------------|----------------------------------|
| Pass<br>.00 | 6:56pm<br>6:57pm                 |
| .07         | 6:57pm                           |
| .00         | 6:58pm                           |
| .00         | 6:59pm                           |
| .00         | 7:00pm                           |
| .00         | 7:02pm                           |
| .00         | 7:03pm                           |
|             | Pass .00 .07 .00 .00 .00 .00 .00 |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008577

Test Record Number: 924

System Check: Passed

#### Baseline Tests

| Test      | Status | Time   |
|-----------|--------|--------|
| IR<br>FLO | Pass   | 7:04pm |
| r tiO     | Pass   | 7:04pm |
| FC        | Pass   | 7:04pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 7:05pm |
| SRC  | Pass   | 7:05pm |
| DET  | Pass   | 7:05pm |
| BAR  | Pass   | 7:05pm |
| BT   | Pass   | 7:05pm |

#### Blank Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |
|      |        |      |

AIR Pass 7:05pm

#### Printer Tests

| Status | Time   |
|--------|--------|
|        | Status |

PRNT Pass 7:05pm

#### CRC Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |

COMP Pass 7:05pm CAL Pass 7:05pm

Preventive Maintenance

Status: Pass

This form is used when performing Preventive Maintenance procedures this form is used when performing Preventive Maintenance procedures Forensic Lests for Alcohol Branch Forensic Lests for Alcohol Branch

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County X   | lew Handren Instrument Location BAT Mobile Unit 1   |
|--|---|
|  |   |
| Instrument S   | Gerial No. <u>00 8C /2</u>  |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                  |
| proceaures w   | on the 3/day of 2/3/20/2, 20/3/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF THE | Signature of Certifying Official  Certificate Number  |

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 6:59pm<br>7:00pm |
| ACCY CHK        | .07    | 7:01pm           |
| AIR BLK         | .00    | 7:02pm           |
| SUB TEST        | .00    | 7:02pm           |
| AIR BLK         | .00    | 7:03pm           |
| SUB TEST        | .00    | 7:05pm           |
| AIR BLK         | .00    | 7:06pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Record Number: 1410 Test Date: 10/31/2013

Test Time: 7:06pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status | Time   |
|-----------|--------|--------|
| IR<br>FLO | Pass   | 7:07pm |
| LTO       | Pass   | 7:07pm |
| FC        | Pass   | 7:07pm |

#### Temperature Tests

| Test                   | Status       | Time             |
|------------------------|--------------|------------------|
| FC1<br>SRC             | Pass<br>Pass | 7:07pm<br>7:07pm |
| DET                    | Pass         | 7:07pm           |
| BAR                    | Pass         | 7:07pm           |
| $\mathtt{B}\mathbf{T}$ | Pass         | 7:07pm           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:08pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 7:08pm |
|      | CRC Tests |        |

| Test | Status | Time |
|------|--------|------|

| COMP | Pass | 7:08pm |
|------|------|--------|
| CAL  | Pass | 7:08pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | Hew HAMENER Instrument Location BAT Mobile Unit 7   |
|---|---|
| Instrumer   | Hew Harlovek Instrument Location BAT Mobile Unit 7  at Serial No. 008612  |
| The preve   | ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                      |
| procedure   | at on the 31 day of October, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly. |
| CORPATOR OF STATE OF |   |

NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502

Exp Date: 02/04/2015

| Test  | g/210L                                  | Time   |
|---|---|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00<br>.00 | 6:59pm<br>7:00pm<br>7:01pm<br>7:02pm<br>7:02pm<br>7:03pm<br>7:05pm<br>7:06pm |
|   |   |  |

Reparted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

#### NEW HANOVER BAT MOBILE UNIT 7 640

Serial Number: 008612

Test Record Number: 1410 

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:07pm |
| FLO  | Pass   | 7:07pm |
| FC   | Pass   | 7:07pm |

#### Temperature Tests

| Test                     | Status                       | Time                                 |
|--------------------------|------------------------------|--------------------------------------|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 7:07pm<br>7:07pm<br>7:07pm<br>7:07pm |
| BT                       | Pass                         | 7:07pm                               |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 7:08pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 7:08pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 7:08pm<br>7:08pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| _  | INTOAIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County (A)   | nder Instrument Location Canden Co. 5.0  |
| Instrument Ser   | ial No. 008940 113 Huy 343, Canden, N.C.   |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures me  | n the  |
| OF THE STATE OF TH | Signature of Certifying Official  Certificate Number   |

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 10/28/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test                | g/210L             | Time                          |
|---------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK     | Pass<br>.00<br>.07 | 11:51am<br>11:51am<br>11:52am |
| ACCY CHK<br>AIR BLK | .00                | 11:53am                       |
| SUB TEST<br>AIR BLK | .00<br>.00         | 11:53am<br>11:54am            |
| SUB TEST            | .00                | 11:56am                       |
| ATR BLK             | .00                | 11:57am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

selly st

### CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 652

Test Date: 10/28/2013

Test Time: 11:58am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
|      |        | J. 1    |
| IR   | Pass   | 11:58am |
| FLO  | Pass   | 11:58am |
| FC   | Pass   | 11:58am |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:58am<br>11:58am<br>11:58am<br>11:58am<br>11:58am |
|                                | =                                    |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:59am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:59am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:59am |

Pass

11:59am

Preventive Maintenance Status: Pass

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Da   | Instrument Location Kill Devil Hills P.D.   |
|---|---|
| Instrument Seria  | al No. 008844 102 Town Hall Dr., Kill Dr. / Hills   |
| The preventive four months are  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.            |
| procedures were   | the of day of day of 20 / 20 / 3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OTHE STATE OF THE | Signature of Certifying Official Certificate Number   |

DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103 Exp Date: 03/01/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:39am<br>11:40am<br>11:40am |
| AIR BLK<br>SUB TEST         | .00                | 11:41am<br>11:42am            |
| AIR BLK<br>SUB TEST         | .00                | 11:43am<br>11:44am            |
| AIR BLK                     | .00                | 11:45am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Pod Newson

#### DARE COUNTY KILL DEVIL HILLS PD 270

Serial Number: 008844 Test Date: 10/29/2013

Test Record Number: 1299
Test Time: 11:46am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:46am<br>11:46am |
| FC        | Pass         | 11:46am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:47am |
| SRC  | Pass   | 11:47am |
| DET  | Pass   | 11:47am |
| BAR  | Pass   | 11:47am |
| BT   | Pass   | 11:47am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:48am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:48am |
|      | CRC Tests |         |
| Test | Status    | Time    |

| rest | Status | TIME    |
|------|--------|---------|
| COMP | Pass   | 11:49am |
| CAL  | Pass   | 11:49am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Da  | rl .  | Instrume      | ent Location Dave (D           | . Detention (                                       |
|--|---|---------------|--------------------------------|---|
| Instrument Seria   | INO. <u>008783</u>  | 1044          | Driffwood Dr                   | Manteu N.   |
| The preventive r four months are:  | naintenance procedures for the I  | ntoximeters,  | Model Intox EC/IR II to be for | ollowed at least once every                         |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                         |               |                                | simulator thermometer shows                         |
| 2.   | Verify instrument displays tim  | e and date;   | ŕ                              | •   |
| 3.   | Initiate breath test sequence;  |               |                                |   |
| 4.   | Enter information as prompted   | ;             |                                |   |
| 5.   | Verify instrument accuracy;   |               |                                |   |
| 6.   | When "PLEASE BLOW" app  | ears, collect | breath sample;                 |   |
| 7.   | When "PLEASE BLOW" app  | ears, collect | breath sample;                 |   |
| 8.   | Print test record;  | •             | 3                              |   |
| 9.   | Verify Diagnostic Program; an   | d             | ' .                            | •   |
| 10.  | Verify that the ethanol gas can simulator solution is being cha whichever occurs first. |               |                                |   |
|  | the And day of Orly<br>performed on the instrument indicates and Human Services, and    |               | e, in accordance with current  | oing preventive maintenance regulations of the N.C. |
| STATE OF THE STATE | Sim Call  | nature of Ca  | tifying Official               | Certificate Number                                  |

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:50pm<br>12:51pm |
| ACCY CHK        | .07    | 12:52pm            |
| AIR BLK         | .00    | 12:53pm            |
| SUB TEST        | .00    | 12:53pm            |
| AIR BLK         | .00    | 12:54pm            |
| SUB TEST        | .00    | 12:55pm            |
| ATR RIK         | 0.0    | 12.56pm            |

Reported AC: 00 a/2101

Signature of Chemical Analyst

Court CVR

## DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 10/29/2013

Test Record Number: 416 Test Time: 12:58pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:58pm |
| FLO  | Pass   | 12:58pm |
| FC   | Pass   | 12:58pm |

## Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:58pm<br>12:58pm<br>12:58pm<br>12:58pm<br>12:58pm |
|                                |                                      | -2.30pm   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:59pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:59pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:59pm |

Preventive Maintenance Status: Pass

Pass

CAL

12:59pm

12:59pm

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Do  | Instrument Location Dave Co. Dutention G   |
|--|--|
| Instrument Seri  | al No. DO 8804 1044 Driftwood Dr. Manteo, N.   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.       |
|  | the 29 day of Ochulo , 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE |  |

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 10/29/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402

Exp Date: 02/23/2014

| Test   | g/210L               | Time  |
|--|----------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass .00 .07 .00 .00 | 12:38pm<br>12:39pm<br>12:39pm<br>12:40pm<br>12:41pm |
| AIR BLK  | .00                  | 12:42pm   |
| SUB TEST   | .00                  | 12:43pm   |
| AIR BLK  | .00                  | 12:44pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1260 Test Time: 12:45pm EDT

Test Date: 10/29/2013

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:46pm |
| FLO  | Pass   | 12:46pm |
| FC   | Pass   | 12:46pm |

#### Temperature Tests

| Test       | Status       | Time               |
|------------|--------------|--------------------|
| FC1<br>SRC | Pass<br>Pass | 12:46pm<br>12:46pm |
| DET        | Pass         | 12:46pm            |
| BAR<br>BT  | Pass<br>Pass | 12:46pm<br>12:46pm |
|            |              |                    |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:46pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:46pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:47pm |
| CAL  | Pass   | 12:47pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|                              | INTOAINETERS, MODEL INTOX EC/IN II   |
|------------------------------|--|
| County 10                    | Instrument Location Perquinans (o. 5.0.  |
| Instrument Se                | Instrument Location Perquinans 6.5.0.  Perial No. DO8921 110 N. Church St., Hertford, N.   |
| The preventive four months a | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:  |
| 1.                           | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                           | Verify instrument displays time and date;  |
| 3.                           | Initiate breath test sequence;   |
| 4.                           | Enter information as prompted;   |
| 5.                           | Verify instrument accuracy;  |
| 6.                           | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                           | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                           | Print test record;   |
| 9.                           | Verify Diagnostic Program; and   |
| 10.                          | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                              | on the   |



Signature of Certifying Official

Certificate Number

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Date: 10/28/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:06pm |
| AIR BLK  | .00    | 1:06pm |
| ACCY CHK | .08    | 1:07pm |
| AIR BLK  | .00    | 1:08pm |
| SUB TEST | .00    | 1:09pm |
| AIR BLK  | .00    | 1:10pm |
| SUB TEST | .00    | 1:11pm |
| AIR BLK  | .00    | 1:12pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

#### PERQUIMANS COUNTY PERQUIMANS CO SO 710

Serial Number: 008921 Test Record Number: 460 Test Date: 10/28/2013

Test Time: 1:13pm EDT

System Check: Passed

### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:14pm<br>1:14pm |
| FC        | Pass         | 1:14pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:14pm |
| SRC  | Pass   | 1:14pm |
| DET  | Pass   | 1:14pm |
| BAR  | Pass   | 1:14pm |
| BT   | Pass   | 1:14pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:14pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:15pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:15pm |
| CAL  | Pass   | 1:15pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location WAYNE CO. Detention CT The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. D CD Ber \_\_\_, 20 13 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test   | g/210L                    | Time   |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 2:37pm<br>2:38pm<br>2:38pm<br>2:39pm<br>2:40pm |
| AIR BLK  | .00                       | 2:41pm   |
| SUB TEST   | .00                       | 2:42pm   |
| AIR BLK  | .00                       | 2:43pm   |
|  |                           |  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Jines Keese
Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008649

Test Record Number: 2458

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:45pm |
| FLO  | Pass   | 2:45pm |
| FC   | Pass   | 2:45pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:45pm |
| SRC  | Pass   | 2:45pm |
| DET  | Pass   | 2:45pm |
| BAR  | Pass   | 2:45pm |
| BT   | Pass   | 2:45pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:46pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:46pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:46pm<br>2:46pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

| . /  | INTOXIME  | TERS, MODEL INTOX  | K EC/IR II   |
|--|---|--|--|
| County /   | inc   | Instrument Location W F  | yne Co. Dutention Co   |
| Instrument Seri  | ial No. 00 6671   | 207 E. Chust   | nut St., Goldsboro   |
| The preventive four months are   |   | the Intoximeters, Model Intox EC/I                                     | R II to be followed at least once every  |
| 1.   | Verify the ethanol gas can<br>34 degrees, plus or minus |  | olic breath simulator thermometer shows  |
| 2.   | Verify instrument displays                              | s time and date;   |  |
| 3.   | Initiate breath test sequence                           | ce;  |  |
| 4.   | Enter information as prom                               | pted;  |  |
| 5.   | Verify instrument accurac                               | y;   |  |
| 6.   | When "PLEASE BLOW"                                      | appears, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW"                                      | appears, collect breath sample;  |  |
| 8.   | Print test record;                                      | <b>#</b>   |  |
| 9.   | Verify Diagnostic Program                               | n; and   |  |
| 10.  |   |  | xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests, |
| procedures wer   | re performed on the instrumer                           | nt indicated above, in accordance wand the instrument is functioning p | the forgoing preventive maintenance ith current regulations of the N.C. roperly. |
| STATE ON STA | Non-Maria Cara Cara Cara Cara Cara Cara Cara            | Signature of Certifying Official                                       | Certificate Number   |

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG315701 Exp Date: 06/06/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 2:35pm<br>2:36pm<br>2:37pm |
| AIR BLK SUB TEST            | .00                | 2:38pm<br>2:39pm           |
| AIR BLK<br>SUB TEST         | .00                | 2:40pm<br>2:41pm           |
| AIR BLK                     | .00                | 2:42pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find A. Colon Analyst

#### WAYNE COUNTY WAYNE CO DETENTION 950

Serial Number: 008671

Test Record Number: 2852

Test Date: 10/29/2013

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass         | 2:43pm           |
| FC<br>FLO | Pass<br>Pass | 2:43pm<br>2:44pm |
|           | 1 400        | 2.112            |

#### Temperature Tests

| m |
|---|
| m |
| m |
| m |
| m |
| [ |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:44pm |

#### Printer Tests

| rest | Status    | TIME   |
|------|-----------|--------|
| PRNT | Pass      | 2:44pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:45pm |
| CAL  | Pass   | 2:45pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | MOORE Instrument Location ROBBINS Holice   | E DEPT                          |
|--|--|---------------------------------|
| Instrument Ser   | Serial No. 008728 ROBBINS, N.C.  |                                 |
| The preventive four months ar  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at lare:  | east once every                 |
| . 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;   | ermometer show                  |
| 2.   | Verify instrument displays time and date;  |                                 |
| 3.   | Initiate breath test sequence;   |                                 |
| 4,   | Enter information as prompted;   |                                 |
| 5.   | Verify instrument accuracy;  |                                 |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |                                 |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   | er i                            |
| 8.   | Print test record;   |                                 |
| 9,   | Verify Diagnostic Program; and   |                                 |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the al<br>simulator solution is being changed every four months or after 125 Alcoholic Breath<br>whichever occurs first.                |                                 |
|  | on the 28 day of 2003 etc., 2013 the forgoing prevent were performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly. | tive maintenance<br>of the N.C. |
| STATE OF STA | Signature of Certifying Official Certific  | ate Number                      |

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 10/28/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG204603

Exp Date: 02/15/2014

| ICSU | 9/21011 | TTIIIC |
|------|---------|--------|
|      |         |        |
|      |         |        |

| DIAG     | Pass | 10:17am |
|----------|------|---------|
| AIR BLK  | .00  | 10:18am |
| ACCY CHK | .08  | 10:18am |
| AIR BLK  | .00  | 10:19am |
| SUB TEST | .00  | 10:20am |
| AIR BLK  | .00  | 10:21am |
| SUB TEST | .00  | 10:22am |
| AIR BLK  | .00  | 10:23am |

.00 g/210L

Reported AC:

Signature of Chemical Analyst

Court CVR

Analyst

#### MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 234

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:25am |
| FLO  | Pass   | 10:25am |
| FC   | Pass   | 10:25am |

## Temperature Tests

| Test                     | Status               | Time                          |
|--------------------------|----------------------|-------------------------------|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass | 10:26am<br>10:26am<br>10:26am |
| BAR<br>BT                | Pass<br>Pass         | 10:26am<br>10:26am            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:26am |

#### Printer Tests

Status

Time

10:26am

Test

CAL

| PRNT | Pass      | 10:26am |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:26am |

Pass

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | CHATHAM Instrument Location SIJER CITY P.D  |
|--|---|
| Instrumen  | Serial No. 00881) SIER CITY, N.C  |
|  |   |
| The preve  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.              |
| I certify the procedure Departme   | t on the Soday of Coron 20 3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| SELECTION OF SELEC | Will Danie 652  |
|  | Signature of Certifying Official Certificate Number   |

CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811 Test Date: 10/30/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402

Exp Date: 02/23/2014

| Test o | J/210L | Time |
|--------|--------|------|
|--------|--------|------|

| DIAG     | Pass | 12:42pm |
|----------|------|---------|
| AIR BLK  | .00  | 12:42pm |
| ACCY CHK | .07  | 12:43pm |
| AIR BLK  | .00  | 12:44pm |
| SUB TEST | .00  | 12:45pm |
| AIR BLK  | .00  | 12:45pm |
| SUB TEST | .00  | 12:47pm |
| AIR BLK  | .00  | 12:48pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CHATHAM COUNTY SILER CITY PD. 180

Serial Number: 008811

Test Record Number: 1033

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:50pm<br>12:50pm |
| FC        | Pass         | 12:51pm            |

### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:51pm<br>12:51pm<br>12:51pm<br>12:51pm<br>12:51pm |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ATR  | Pass   | 12:51pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:51pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:52pm<br>12:52pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Liv   | Instrument Location Lincoln County Courthous  |
|--|---|
| Instrument Seria   | al No. 008823 #1 Courthouse Square, Lincolnton<br>704-732-9028  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.      |
|  | the and day of October, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 10/02/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206102 Exp Date: 03/14/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:30pm<br>1:31pm |
| ACCY CHK        | .08    | 1:32pm           |
| AIR BLK         | .00    | 1:33pm           |
| SUB TEST        | .00    | 1:33pm           |
| AIR BLK         | .00    | 1:34pm           |
| SUB TEST        | .00    | 1:36pm           |
| ATR BLK         | .00    | 1:37pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1048

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:38pm |
| FLO  | Pass   | 1:38pm |
| FC   | Pass   | 1:38pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:39pm |
| SRC  | Pass   | 1:39pm |
| DET  | Pass   | 1:39pm |
| BAR  | Pass   | 1:39pm |
| BT   | Pass   | 1:39pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:39pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:39pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:39pm |

Preventive Maintenance Status: Pass

Pass

1:39pm

CAL

**Analyst** 

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Cle   | veland Instrument Location Cleveland County SD  |
|--|---|
| Instrument Serial  | No. 008893 100 Justice Place, Shelby 704-484-4888   |
| The preventive m   | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| <b>7.</b>  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.      |
| I certify that on procedures were Department of I  | the 3rd day of October, 2013 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| OF THE STATE OF TH | Signature of Certifying Official Certificate Number   |

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG320602 Exp Date: 07/25/2015

| 'l'est   | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:12pm |
| AIR BLK  | .00    | 2:13pm |
| ACCY CHK | .08    | 2:14pm |
| AIR BLK  | .00    | 2:15pm |
| SUB TEST | .00    | 2:15pm |
| AIR BLK  | .00    | 2:16pm |
| SUB TEST | .00    | 2:18pm |
| AIR BLK  | .00    | 2:19pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008893

Test Record Number: 1188

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:20pm |
| FLO  | Pass   | 2:20pm |
| FC   | Pass   | 2:20pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:20pm |
| SRC  | Pass   | 2:20pm |
| DET  | Pass   | 2:20pm |
| BAR  | Pass   | 2:20pm |
| BT   | Pass   | 2:20pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:21pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:21pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:21pm<br>2:21pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_C   | leveland Instrument Location Cleveland County SD-Anne   |
|--|---|
| Instrument S   | Gerial No. <u>OO8887</u> 407 McBrayer Street, Shelby<br>704-484-4888  |
| The preventi   | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                  |
| procedures v   | on the 3rd day of October , 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA | Signature of Certifying Official  Certificate Number  |

CLEVELAND COUNTY CLEVELAND SD-ANNEX
220

Serial Number: 008887 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 2:49pm<br>2:50pm<br>2:50pm<br>2:51pm |
| SUB TEST                               | .00                | 2:52pm                               |
| AIR BLK<br>SUB TEST                    | .00<br>.00         | 2:53pm<br>2:54pm                     |
| AIR BLK                                | .00                | 2:55pm                               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 1516

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:56pm<br>2:56pm |
| FC        | Pass         | 2:56pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:56pm |
| SRC  | Pass   | 2:56pm |
| DET  | Pass   | 2:56pm |
| BAR  | Pass   | 2:56pm |
| BT   | Pass   | 2:56pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:57pm |

#### Printer Tests

| Test | Status       | Time   |
|------|--------------|--------|
| PRNT | Pass         | 2:57pm |
|      | CRC Tests    |        |
| Test | Status       | Time   |
| COMP | Pass<br>Pass | 2:57pm |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (   | Instrument Location Waxhaw PD  |        |
|--|--|--------|
| Instrument S   | erial No. <u>008598</u> <u>703 W. South Main Street, Wa</u>  | axhau  |
| The prevention four months   | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |        |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   | goton. |
| 2.   | Verify instrument displays time and date;  | A gi   |
| 3.   | Initiate breath test sequence;   | . ~    |
| 4.   | Enter information as prompted;   |        |
| 5.   | Verify instrument accuracy;  | *,     |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |        |
| . 7.   | When "PLEASE BLOW" appears, collect breath sample;   |        |
| 8.   | Print test record;   |        |
| 9.   | Verify Diagnostic Program; and   |        |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                 |        |
| procedures w   | on the 74 day of Octobec , 20 3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |        |
| TO THE STATION OF THE |  |        |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Date: 10/07/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2013-10/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 09:57am |
| AIR BLK  | .00    | 09:58am |
| ACCY CHK | .07    | 09:58am |
| AIR BLK  | .00    | 09:59am |
| SUB TEST | .00    | 10:00am |
| AIR BLK  | .00    | 10:01am |
| SUB TEST | .00    | 10:02am |
| AIR BLK  | . 00   | 10:03am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY WAXHAW PD 890

Serial Number: 008598 Test Record Number: 460 Test Date: 10/07/2013 Test Time: 10:04am

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:05am |
| FLO  | Pass   | 10:05am |
| FC   | Pass   | 10:05am |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:05am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:05am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:05am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:06am<br>10:06am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX ECHAT  |
|--|--|
| County_M   | ecklenburg Instrument Location Matthews PD   |
| Instrument Ser   | ial No. 008699 1201 Crews Road Matthews 704-847-4069   |
| The preventive four months as  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| <b>7.</b>  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on theday of   |
| STALE OF THE STALE | TE CO NORTH  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 10/07/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG201801 Exp Date: 01/18/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 10:53am<br>10:54am<br>10:55am |
| AIR BLK                     | .00                | 10:56am                       |
| SUB TEST                    | .00                | 10:56am                       |
| AIR BLK                     | .00                | 10:57am                       |
| SUB TEST                    | .00                | 10:59am                       |
| AIR BLK                     | .00                | 10:59am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### MECKLENBURG COUNTY MATTHEWS PD 590

Test Record Number: 2038 Serial Number: 008699 Test Date: 10/07/2013 Test Time: 11:01am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:02am |
| FLO  | Pass   | 11:02am |
| FC   | Pass   | 11:02am |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 11:02am<br>11:02am<br>11:02am<br>11:02am<br>11:02am |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:02am |

#### Printer Tests

Status

Time

Test

| PRNT        | Pass         | 11:03am            |
|-------------|--------------|--------------------|
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:03am<br>11:03am |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOXIEC/IR II

|  | INTOXINETERS, WODEL INTOXICOR IT   |
|--|--|
| County U   | nion Instrument Location Union County 5D   |
| Instrument Ser   |  |
|  | 704- 283-3770  |
| The preventive four months ar  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| <b>7.</b>  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify that or  | the <u>24144</u> day of <u>October</u> , 20 <u>13</u> the forgoing preventive maintenance  |
|  | re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.  |
|  |  |
| OF THE STATE OF TH | NORTH THE PARTY OF |
| N. C. R. P.  |  |
| APRIL 12, 1778  * ESSE QUAM VIDE   | Manh E. Hatt 5 650   |
|  | Signature of Certifying Official Certificate Number  |

UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG315701 Exp Date: 06/06/2015

| 'l'est                      | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 3:27pm<br>3:28pm<br>3:29pm |
| AIR BLK                     | .00                | 3:30pm                     |
| SUB TEST                    | .00                | 3:30pm                     |
| AIR BLK                     | .00                | 3:31pm                     |
| SUB TEST                    | .00                | 3:33pm                     |
| AIR BLK                     | .00                | 3:34pm                     |
|                             |                    |                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### UNION COUNTY UNION COUNTY SD 890

Serial Number: 008866

Test Record Number: 1577

Test Date: 10/24/2013

Test Time: 3:35pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:35pm |
| FLO  | Pass   | 3:35pm |
| FC   | Pass   | 3:35pm |

#### Temperature Tests

| Test                     | Status                       | Time                                 |
|--------------------------|------------------------------|--------------------------------------|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 3:35pm<br>3:35pm<br>3:35pm<br>3:35pm |
| BT                       | Pass                         | 3:35pm                               |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pagg   | 3+36pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:36pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:36pm<br>3:36pm |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County St  | anly Instrument Location Stanly County SD   |
|--|---|
| Instrument Seria   | 11 No. 008824 126 5. 3d Street, Albemarle 704 - 986 - 3734  |
| The preventive r four months are:  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                              |
|  | the <u>3546</u> day of <u>Octobes</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF STA |   |
| FOR QUAN VOTES   | Signature of Certifying Official Certificate Number   |

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG308002 Exp Date: 03/21/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:34pm |
| AIR BLK  | .00    | 4:36pm |
| ACCY CHK | .08    | 4:36pm |
| AIR BLK  | .00    | 4:37pm |
| SUB TEST | .00    | 4:38pm |
| AIR BLK  | .00    | 4:39pm |
| SUB TEST | .00    | 4:40pm |
| ATP RIK  | 0.0    | 4:42pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008824

Test Record Number: 894 

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 4:43pm<br>4:43pm |
| FC        | Pass         | 4:43pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:43pm |
| SRC  | Pass   | 4:43pm |
| DET  | Pass   | 4:43pm |
| BAR  | Pass   | 4:43pm |
| BT   | Pass   | 4:43pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:44pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:44pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:44pm |
| CAL  | Pass   | 4:44pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II ial No. 008694 Sol E. 4th St. Charlotte The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the day of October, 2013 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008694 Test Date: 10/29/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309101

Exp Date: 04/01/2015

| rest                | 9/2101 | TIME               |
|---------------------|--------|--------------------|
| DIAG<br>AIR BLK     | Pass   | 11:59am<br>12:00pm |
| ACCY CHK<br>AIR BLK | .08    | 12:00pm<br>12:01pm |
| SUB TEST            | .00    | 12:02pm            |
| AIR BLK             | .00    | 12:03pm            |
| SUB TEST            | .00    | 12:04pm            |
| AIR BLK             | .00    | 12:05pm            |

Reported AC; .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY SHERIFFS DEPARTMENT 590

Serial Number: 008694

Test Record Number: 583 Test Date: 10/29/2013 Test Time: 11:55am EDT

#### Baseline Tests

System Check: Passed

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:56am<br>11:56am |
| FC        | Pass         | 11:56am            |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:56am |
| SRC           | Pass   | 11:56am |
| DET           | Pass   | 11:56am |
| BAR           | Pass   | 11:56am |
| $\mathtt{BT}$ | Pass   | 11:56am |
|               |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:57am |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:57am |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:57am |
| CAL  | Pass   | 11:57am |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ite   | edell Instrument Location Moorasy ilk PD   |  |  |
|--|--|--|--|
| Instrument Seria   | al No. 008685 750 W. Iredull Ave., Mooresville<br>704-664-3311   |  |  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |  |  |
| 2.   | Verify instrument displays time and date;  |  |  |
| 3.   | Initiate breath test sequence;   |  |  |
| 4.   | Enter information as prompted;   |  |  |
| 5.   | Verify instrument accuracy;  |  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 8.   | Print test record;   |  |  |
| 9.   | Verify Diagnostic Program; and   |  |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.     |  |  |
| I certify that on<br>procedures wer<br>Department of   | the day of October, 20 13 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |  |  |
| OF THE STATE OF THE OWN TO STATE OUT OF THE OWN TO STATE OUT OF THE OWN TO STATE OUT OF THE OWN THE OW | Signature of Certifying Official  Certificate Number   |  |  |

#### IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Record Number: 2000 Test Date: 10/01/2013 Test Time: 11:08am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:08am |
| FLO  | Pass   | 11:08am |
| FC   | Pass   | 11:08am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:08am |
| SRC  | Pass   | 11:08am |
| DET  | Pass   | 11:08am |
| BAR  | Pass   | 11:08am |
| BT   | Pass   | 11:08am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:09am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:09am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:09am<br>11:09am |

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY MOORESVILLE PD 480

Serial Number: 008685 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test  | g/210L                       | Time   |
|---|------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK | Pass .00 .08 .00 .00 .00 .00 | 11:12am<br>11:12am<br>11:13am<br>11:14am<br>11:14am<br>11:15am<br>11:17am<br>11:18am |

Reported AC . .00 g/210L

Signature of Chemical Analyst

Court CVR

ranger of the transfer of the property of the control of the transfer of the control of the cont

|  | PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County   | Tredel Instrument Location I redel County S.O.   |
| Instrument Se  | orial No. 008809 221 E. Water St., Statisville 704878-3131   |
| The preventive four months a   | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.           |
| I certify that<br>procedures v<br>Department   | on the day of Octor, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number  |

#### IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Record Number: 2408 Test Date: 10/01/2013 Test Time: 12:45pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:45pm<br>12:45pm |
| FC        | Pass         | 12:45pm            |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 12:46pm |
| SRC           | Pass   | 12:46pm |
| DET           | Pass   | 12:46pm |
| BAR           | Pass   | 12:46pm |
| $\mathtt{BT}$ | Pass   | 12:46pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:46pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:46pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:46pm<br>12:46pm |

Preventive Maintenance Status: Pass

Analyst

IREDELL COUNTY IREDELL COUNTY SD 480

Serial Number: 008809 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 12:49pm<br>12:50pm<br>12:50pm |
| AIR BLK                     | .00                | 12:51pm                       |
| SUB TEST                    | .00                | 12:52pm                       |
| AIR BLK                     | .00                | 12:54pm                       |
| SUB TEST                    | .00                | 12:54pm                       |
| AIR BLK                     | .00                | 12:56pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| $\mathcal{M}$   | ecklenburg Instrument Location Mecklenburg County SD  |
|---|---|
| ·   | erial No. 008696 Instrument Location Mecklen Burg County SD erial No. Charlotte   |
| The preventive four months a  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6,  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.                   |
| procedures we   | on the 3rd day of October, 20/3 the forgoing preventive maintenant pere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OREAL STATE OF THE |   |
| OF QUANTIES   | Signature of Certifying Official Certificate Number   |

#### MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Record Number: 3912 Test Date: 10/03/2013 Test Time: 10:21am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR        | Pass         | 10:22am<br>10:22am |
| FLO<br>FC | Pass<br>Pass | 10:22am            |
|           |              |                    |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:22am |
| SRC  | Pass   | 10:22am |
| DET  | Pass   | 10:22am |
| BAR  | Pass   | 10:22am |
| BT   | Pass   | 10:22am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:23am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:23am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:23am<br>10:23am |

Preventive Maintenance Status: Pass

Analyst/

MECKLENBURG COUNTY SD 590

Serial Number: 008690 Test Date: 10/03/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Date Of Birth: 11/11/191 Subject's Sex: Male Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2015

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG<br>AIR BLK     | Pass       | 10:28am<br>10:28am |
| ACCY CHK            | .08        | 10:29am            |
| AIR BLK             | .00        | 10:30am            |
| SUB TEST<br>AIR BLK | .00<br>.00 | 10:30am<br>10:31am |
| SUB TEST            | .00        | 10:33am            |
| AIR BLK             | .00        | 10:34am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Anaiys

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|                | INTOXIMETERS, MODEL INTOX EC/IR II  |
|----------------|---|
| County_        | Meckler bug Instrument Location Pineville PD  |
| Instrumer      | at Serial No. 008703 427 Main St. Pineville   |
|                | 704-889-2231  |
| The preve      | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:   |
| 1.             | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.             | Verify instrument displays time and date;   |
| 3.             | Initiate breath test sequence;  |
| 4.             | Enter information as prompted;  |
| 5.             | Verify instrument accuracy;   |
| 6.             | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.             | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.             | Print test record;  |
| 9.             | Verify Diagnostic Program; and  |
| 10.            | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                      |
| procedur       | that on the day of October, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly. |
| THE COREAT SEA | Signature of Certifying Official Certificate Number   |
|                | Signature of Certifying Official Certificate Number   |

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5109 

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:45pm |
| FLO  | Pass   | 3:45pm |
| FC   | Pass   | 3:45pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:45pm |
| SRC  | Pass   | 3:45pm |
| DET  | Pass   | 3:45pm |
| BAR  | Pass   | 3:45pm |
| BT   | Pass   | 3:45pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:46pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 3:46pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 3:46pm<br>3:46pm |

Preventive Maintenance Status: Pass

#### MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 10/16/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

| Test .              | g/210L | Time             |
|---------------------|--------|------------------|
| DIAG                | Pass   | 3:54pm           |
| AIR BLK<br>ACCY CHK | .00    | 3:55pm<br>3:55pm |
| AIR BLK             | .00    | 3:55pm           |
| SUB TEST            | .00    | 3:57pm           |
| AIR BLK             | .00    | 3:58pm           |
| SUB TEST            | .00    | 3:59pm           |
| AIR BLK             | .00    | 4:00pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 0086 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 12:47pm<br>12:49pm<br>12:49pm<br>12:50pm |
| SUB TEST                               | .00                | 12:51pm                                  |
| AIR BLK<br>SUB TEST                    | .00<br>.00         | 12:52pm<br>12:53pm                       |
| AIR BLK                                | .00                | 12:54pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008651 Test Date: 10/24/2013 Test Record Number: 987
Test Time: 12:55pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:55pm |
| FLO  | Pass   | 12:55pm |
| FC   | Pass   | 12:55pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:55pm |
| SRC  | Pass   | 12:55pm |
| DET  | Pass   | 12:55pm |
| BAR  | Pass   | 12:55pm |
| BT   | Pass   | 12:55pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:56pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:56pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:56pm<br>12:56pm |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County WI  |   | Instrument Location NOR LO  | NA PD  |
|--|---|---|--|
| Instrument Se  | rial No. <u>(X) 2945</u>  | 101 MAIN ST. No   | IRLINA, NC   |
| The preventiv  | re maintenance procedures for the   | e Intoximeters, Model Intox EC/IR II to   | be followed at least once every  |
| 1.   | Verify the ethanol gas canist 34 degrees, plus or minus .2                      | ter displays pressure, or the alcoholic b degree centigrade;                      | reath simulator thermometer shows                                      |
| 2.   | Verify instrument displays t  | ime and date;   |  |
| 3.   | Initiate breath test sequence   | •   |  |
| 4.   | Enter information as promp  | ted;  |  |
| 5.   | Verify instrument accuracy;   |   |  |
| 6.   | When "PLEASE BLOW" a  | appears, collect breath sample;   |  |
| 7.   | When "PLEASE BLOW" a  | appears, collect breath sample;   |  |
| 8.   | Print test record;  |   |  |
| 9.   | Verify Diagnostic Program   | ; and   |  |
| 10.  | Verify that the ethanol gas simulator solution is being whichever occurs first. | canister is being changed before expira<br>changed every four months or after 12: | tion date, or the alcoholic breath 5 Alcoholic Breath Simulator tests, |
| megaaduras v   | vere performed on the instrument  | t indicated above, in accordance with cand the instrument is functioning prope    | differit regulations of the 14.0.                                      |
| STATE OF THE STATE |   | M D Signature of Certifying Official  |  |

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/24/2013

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 2:29pm<br>2:30pm |
| ACCY CHK        | .00    | 2:30pm           |
| AIR BLK         | .00    | 2:32pm           |
| SUB TEST        | .00    | 2:32pm           |
| AIR BLK         | .00    | 2:33pm           |
| SUB TEST        | .00    | 2:35pm           |
| AIR BLK         | .00    | 2:36pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

Down D. B.

#### WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 10/24/2013

Test Record Number: 265
Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:37pm<br>2:37pm |
| FC        | Pass         | 2:37pm           |

#### Temperature Tests

| Test          | Status       | Time             |
|---------------|--------------|------------------|
| FC1<br>SRC    | Pass         | 2:37pm<br>2:37pm |
| DET           | Pass<br>Pass | 2:37pm<br>2:37pm |
| BAR           | Pass         | 2:37pm           |
| $\mathtt{BT}$ | Pass         | 2:37pm           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:38pm |

#### Printer Tests

Test

| PRNT | Pass      | 2:38pm |
|------|-----------|--------|
|      | CRC Tests |        |
| Test | Status    | Time   |

Status

Time

| COMP | Pass | 2:38pm |
|------|------|--------|
| CAL  | Pass | 2:38pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,



whichever occurs first.

Signature of Certifying Official

Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206102 Exp Date: 03/01/2014

| Test  | g/210L                           | Time  |
|---|----------------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 11:05am<br>11:06am<br>11:07am<br>11:08am<br><b>11:09am</b><br>11:10am |
| SUB TEST  | .00                              | 11:11am   |
| AIR BLK   | .00                              | 11:12am   |
|   |                                  |   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008859 Test Record Number: 1560 Test Date: 10/25/2013 Test Time: 11:15am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:15am |
| FLO  | Pass   | 11:15am |
| FC   | Pass   | 11:15am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:15am |
| SRC  | Pass   | 11:15am |
| DET  | Pass   | 11:15am |
| BAR  | Pass   | 11:15am |
| BT   | Pass   | 11:15am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:16am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:16am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:16am |

Preventive Maintenance Status: Pass

Pass

11:16am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 00 889 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG317801 Exp Date: 06/27/2015

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:36am<br>11:37am<br>11:38am |
| AIR BLK                     | .00                | 11:39am                       |
| SUB TEST                    | .00                | 11:39am                       |
| AIR BLK                     | .00                | 11:40am                       |
| SUB TEST                    | .00                | 11:42am                       |
| AIR BLK                     | .00                | 11:43am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008891 Test Record Number: 2411 Test Date: 10/25/2013 Test Time: 11:45am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:45am |
| FLO  | Pass   | 11:45am |
| FC   | Pass   | 11:45am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:45am |
| SRC  | Pass   | 11:45am |
| DET  | Pass   | 11:45am |
| BAR  | Pass   | 11:45am |
| BT   | Pass   | 11:45am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:46am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:46am |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 11:46am |
|------|------|---------|
| CAL  | Pass | 11:46am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. 008878 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801 Exp Date: 06/27/2015

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG                | Pass       | 12:06pm            |
| AIR BLK<br>ACCY CHK | .00<br>.07 | 12:07pm<br>12:07pm |
| AIR BLK             | .00        | 12:09pm            |
| SUB TEST            | .00        | 12:09pm            |
| AIR BLK             | .00        | 12:10pm            |
| SUB TEST            | .00        | 12:12pm            |
| AIR BLK             | .00        | 12:12pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DURHAM COUNTY DURHAM COUNTY JAIL 310

Serial Number: 008878 Test Record Number: 2610 Test Date: 10/25/2013 Test Time: 12:14pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:15pm |
| FLO  | Pass   | 12:15pm |
| FC   | Pass   | 12:15pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:15pm |
| SRC  | Pass   | 12:15pm |
| DET  | Pass   | 12:15pm |
| BAR  | Pass   | 12:15pm |
| BT   | Pass   | 12:15pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:15pm |

#### Printer Tests

Test

CAL

| PRNT | Pass      | 12:15pm |
|------|-----------|---------|
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:16pm |

Status

Time

12:16pm

Preventive Maintenance Status: Pass

Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County W  | 1Kh   | Instrument Location KNICHT   | DALE P.S.  |
|---|---|--|--|
| Instrument Seria  | al No. 008838   | 979 STEEPLE S  | QUARE CT.  |
|   |   | KNIGH  | TDALE, NC  |
| The preventive r  |   | intoximeters, Model Intox EC/IR II to be   | followed at least once every                             |
| 1.  | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breadegree centigrade;                             | th simulator thermometer shows                           |
| 2.  | Verify instrument displays tim                                  | e and date;  |  |
| 3.  | Initiate breath test sequence;                                  | •  |  |
| 4.  | Enter information as prompted                                   | 1;   |  |
| 5.  | Verify instrument accuracy;                                     |  |  |
| 6.  | When "PLEASE BLOW" app  | pears, collect breath sample;  |  |
| 7.  | When "PLEASE BLOW" app  | pears, collect breath sample;  |  |
| 8.  | Print test record;  |  |  |
| 9.  | Verify Diagnostic Program; a                                    | nd   |  |
| 10.   |   | nister is being changed before expiration anged every four months or after 125 Al      |  |
| procedures were   | e performed on the instrument in                                | the foldicated above, in accordance with curre the instrument is functioning properly. | rgoing preventive maintenance nt regulations of the N.C. |
| OF STATE OF | Z.  | anature of Certifying Official   | 637 Certificate Number                                   |

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 10/22/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test  | g/210L                           | Time   |
|---|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass<br>.00<br>.07<br>.00<br>.00 | 11:17am<br>11:18am<br>11:19am<br>11:19am<br>11:20am<br>11:21am |
| AIR BLK   | .00                              | 11:23am  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 960

Test Date: 10/22/2013

Test Time: 11:25am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:25am |
| FLO  | Pass   | 11:25am |
| FC   | Pass   | 11:25am |

### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:25am |
| SRC  | Pass   | 11:25am |
| DET  | Pass   | 11:25am |
| BAR  | Pass   | 11:25am |
| BT   | Pass   | 11:25am |

#### Blank Tests

| Test | Status | Time    |  |
|------|--------|---------|--|
| AIR  | Pass   | 11:26am |  |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:26am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:26am<br>11:26am |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOAIMETE   | rs, Model intox ech   | . 11  |
|--|--|---|---|
| County W   |  | Instrument Location CARY  | PD  |
| Instrument Ser   | rial No. 008537  | 120 WILKINSON AVE   | E. CARY NC  |
| The preventive four months as  | •  | Intoximeters, Model Intox EC/IR II to be for  | ollowed at least once every                         |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 d   | r displays pressure, or the alcoholic breath egree centigrade;                                | simulator thermometer shows                         |
| 2.   | Verify instrument displays tin   | ne and date;  |   |
| 3.   | Initiate breath test sequence;   |   |   |
| 4.   | Enter information as prompted  | d;  |   |
| 5.   | Verify instrument accuracy;  |   |   |
| 6.   | When "PLEASE BLOW" app   | pears, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" app   | pears, collect breath sample;   |   |
| 8.   | Print test record;   |   |   |
| 9.   | Verify Diagnostic Program; a   | nd  |   |
| 10.  |  | nister is being changed before expiration da<br>anged every four months or after 125 Alco     |   |
| procedures we  | ere performed on the instrument ir   | the forgoidicated above, in accordance with current I the instrument is functioning properly. | oing preventive maintenance regulations of the N.C. |
| THE STATE OF THE S | The Transfer of the Transfer o | Amuss<br>gnature of Certifying Official   | 637<br>Certificate Number                           |

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 10/21/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

| Test    | g/210L | Time   |
|---------|--------|--------|
| DIAG    | Pass   | 1:57pm |
| AIR BLK | .00    | 1:58pm |

ACCY CHK .07 1:59pm AIR BLK .00 2:00pm SUB TEST .00 2:02pm AIR BLK .00 2:03pm SUB TEST .00 2:04pm

AIR BLK .00 2:05pm

Reported AC:

Court CVR

#### WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 2472

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:07pm |
| FLO  | Pass   | 2:07pm |
| FC   | Pass   | 2:07pm |

#### Temperature Tests

| Test              | Status               | Time                       |
|-------------------|----------------------|----------------------------|
| FC1<br>SRC<br>DET | Pass<br>Pass<br>Pass | 2:07pm<br>2:07pm<br>2:07pm |
| BAR               | Pass                 | 2:07pm                     |
| BT                | Pass                 | 2:07pm                     |
|                   |                      |                            |

#### Blank Tests

| Test | Status | Time       |
|------|--------|------------|
| ΔTR  | Dagg   | 2 • 0.8 mm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:08pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:08pm |

Preventive Maintenance Status: Pass

Pass

2:08pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| T  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
|  | RANKLIN Instrument Location FRANKLIN Co. JAIL  |
| Instrument S   | erial No. UO8933 Z85 TKEMPRS LOUISBURG, NC   |
|  |  |
| The prevention four months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures v   | on theday of   |
| TIMES STATE OF THE CORE AT THE | But James 637 Signature of Certifying Official Certificate Number  |

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

| Test                                   | g/210L                    | Time                                     |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08<br>.00 | 12:40pm<br>12:41pm<br>12:42pm<br>12:43pm |
| SUB TEST                               | .00                       | 12:43pm                                  |
| AIR BLK<br>SUB TEST                    | .00<br><b>.00</b>         | 12:44pm<br>12:46pm                       |
| AIR BLK                                | .00                       | 12:47pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 582 Test Date: 10/02/2013 Test Time: 12:48pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:48pm |
| FLO  | Pass   | 12:48pm |
| FC   | Pass   | 12:48pm |

#### Temperature Tests

| Test       | Status       | Time               |
|------------|--------------|--------------------|
| FC1<br>SRC | Pass<br>Pass | 12:48pm<br>12:48pm |
| DET        | Pass         | 12:48pm            |
| BAR        | Pass         | 12:48pm            |
| BT         | Pass         | 12:48pm            |
|            |              |                    |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:49pm |

Status

#### Printer Tests

Test

| 1000        | Deacab       | 2 2.110            |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:49pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:49pm<br>12:49pm |

Time

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County FRA   | ANKLIN Instrument Location FRANKLIN CO. JAIL   |
| Instrument Serie   | al No. 008942 285 TKEMP RD LOUISBURG, NC   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                               |
| procedures were  | the <u>OZ</u> day of <u>OCTUBER</u> , 20 / <u>S</u> the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Cartificing Official Cartificate Number   |

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test   | g/210L                           | Time   |
|--|----------------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 12:41pm<br>12:42pm<br>12:43pm<br>12:44pm<br>12:44pm<br>12:45pm |
| SUB TEST                                       | .00                              | 12:47pm  |
| AIR BLK  | .00                              | 12:48pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 625

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:49pm<br>12:49pm |
| FC        | Pass         | 12: <b>49</b> pm   |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:49pm |
| SRC  | Pass   | 12:49pm |
| DET  | Pass   | 12:49pm |
| BAR  | Pass   | 12:49pm |
| BT   | Pass   | 12:49pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:50pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:50pm |
| -    | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:50pm |
| CAL  | Pass   | 12:50pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County FR  | ANKUN Instrument Location FRANKLINTON PD   |
|--|--|
| Instrument Seria   | INO. DOSSIS #7 W. MASON ST. FRANKLINTON,   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                   |
|  | the <u>2</u> day of <u>OctoBER</u> , 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | Resol Anath  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206603 Exp Date: 03/06/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:38pm<br>1:39pm |
| ACCY CHK        | .08    | 1:40pm           |
| AIR BLK         | .00    | 1:40pm           |
| SUB TEST        | .00    | 1:41pm           |
| AIR BLK         | .00    | 1:42pm           |
| SUB TEST        | .00    | 1:44pm           |
| ATR BLK         | . 00   | 1:44pm           |

Reported AC: .00,g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 10/02/2013 Test Record Number: 795
Test Time: 1:47pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time .           |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:47pm<br>1:47pm |
| FC        | Pass         | 1:47pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:48pm |
| SRC  | Pass   | 1:48pm |
| DET  | Pass   | 1:48pm |
| BAR  | Pass   | 1:48pm |
| BT   | Pass   | 1:48pm |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ATR  | Pass   | 1 · 48pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:48pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:48pm |
| CAL  | Pass   | 1:48pm |

Preventive Maintenance Status: Pass

Ånalvst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 6   | RANVILLE Instrument Location DX/FURD PD  |  |  |
|--|--|--|--|
|  | erial No. 008923 ZOY E. MCCLANAHAN ST. OXFO  |  |  |
| 7.1001 dillioni 50   |  |  |  |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |  |  |
| 2.   | Verify instrument displays time and date;  |  |  |
| 3.   | Initiate breath test sequence;   |  |  |
| 4.   | Enter information as prompted;   |  |  |
| 5.   | Verify instrument accuracy;  |  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 8.   | Print test record;   |  |  |
| 9.   | Verify Diagnostic Program; and   |  |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                                       |  |  |
| procedures w   | on the <u>OZ</u> day of <u>OCTOBER</u> , 20 / <u>3</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |  |  |
| THE STATE OF THE S | Rus D. Arust 637   |  |  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E

Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801 Exp Date: 06/27/2015

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 3:10pm<br>3:11pm |
| ACCY CHK        | .08         | 3:11pm           |
| AIR BLK         | .00         | 3:12pm           |
| SUB TEST        | .00         | 3:13pm           |
| AIR BLK         | .00         | 3:14pm           |
| SUB TEST        | .00         | 3:15pm           |
| AIR BLK         | .00         | 3:16pm           |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 10/02/2013

Test Record Number: 1008
Test Time: 3:17pm EDT

System Check: Passed

### Baseline Tests

| Test      | Status       | Time,            |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 3:18pm<br>3:18pm |
| FC        | Pass         | 3:18pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:18pm |
| SRC  | Pass   | 3:18pm |
| DET  | Pass   | 3:18pm |
| BAR  | Pass   | 3:18pm |
| BT   | Pass   | 3:18pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:19pm |

#### Printer Tests

| resc | Status      | TTITE  |
|------|-------------|--------|
| PRNT | Pass        | 3:19pm |
|      | CDC Control |        |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:19pm |
| CAL  | Pass   | 3:19pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County 6  | Instrument Location CREEDMOOR PD   |
|---|--|
| Instrument Se   | rial No. 008641 111 MASONIC ST. CREEDMOOR, NO  |
| The preventiv   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| <b>7.</b>   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures w  | on the <u>OZ</u> day of <u>OCTOBER</u> , 20 / 3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.  |
| AL STATE OF THE COLEY TO STATE OF THE COLEY | and the fill the terms of the t |
|   | Signature of Certifying Official Certificate Number  |

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG308002 Exp Date: 03/21/2015

~ / O 1 O T

| Test     | g/210L | Time                   |
|----------|--------|------------------------|
| DIAG     | Pass   | 4:11pm                 |
| AIR BLK  | .00    | 4:12pm                 |
| ACCY CHK | .07    | 4:12pm                 |
| AIR BLK  | .00    | 4:13pm                 |
| SUB TEST | .00    | 4:14pm                 |
| AIR BLK  | .00    | 4:15pm                 |
| SUB TEST | .00    | 4:16pm                 |
| ATR BLK  | 0.0    | $4 \cdot 17 \text{pm}$ |

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Record Number: 759 Test Date: 10/02/2013

Test Time: 4:19pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:19pm |
| FLO  | Pass   | 4:19pm |
| FC   | Pass   | 4:19pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:19pm |
| SRC  | Pass   | 4:19pm |
| DET  | Pass   | 4:19pm |
| BAR  | Pass   | 4:19pm |
| BT   | Pass   | 4:19pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:20pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:20pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 4:20pm |

Preventive Maintenance Status: Pass

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Wake Instrument Location BAT MDB. ( & Lai. T  |
|--|---|
| Instrument S   | erial No. 008600 CANY   |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.            |
|  | on the day of October 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATION OF THE STATE OF THE STA | Signature of Certifying Official Certificate Number   |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/25/2013 Test Record Number: 1291 Test Time: 11:25pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:26pm |
| FLO  | Pass   | 11:26pm |
| FC   | Pass , | 11:26pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:26pm |
| SRC  | Pass   | 11:26pm |
| DET  | Pass   | 11:26pm |
| BAR  | Pass   | 11:26pm |
| BT   | Pass   | 11:26pm |
|      |        |         |

#### Blank Tests

| Test | Status Time | Time    |
|------|-------------|---------|
| AIR  | Pass        | 11:26pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:26pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:26pm |

Preventive Maintenance Status: Pass

Pass

CAL

11:26pm

11:26pm

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 11:14pm<br>11:15pm<br>11:16pm |
| AIR BLK                     | .00                | 11:17pm                       |
| SUB TEST<br>AIR BLK         | .00<br>.00         | 11:17pm<br>11:18pm            |
| SUB TEST                    | .00                | 11:21pm                       |
| AIR BIN                     | UIUI               | 1 1 * 2 2 5 1111              |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Waker Instrument Location BAT MOBILE LEAST #5  |  |  |
|--|--|--|--|
| Instrument   | Serial No  |  |  |
| The preven   | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:   |  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |  |  |
| 2.   | Verify instrument displays time and date;  |  |  |
| 3.   | Initiate breath test sequence;   |  |  |
| 4.   | Enter information as prompted;   |  |  |
| 5.   | Verify instrument accuracy;  |  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |
| 8.   | Print test record;   |  |  |
| 9.   | Verify Diagnostic Program; and   |  |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |  |  |
| procedures   | at on the  |  |  |
| A STATE OF THE GREAT SECTION O | Signature of Certifying Official Certificate Number  |  |  |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/25/2013 Test Record Number: 869
Test Time: 11:26pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:26pm |
| FLO  | Pass   | 11:26pm |
| FC   | Pass   | 11:27pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:27pm |
| SRC  | Pass   | 11:27pm |
| DET  | Pass   | 11:27pm |
| BAR  | Pass   | 11:27pm |
| BT   | Pass   | 11:27pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:27pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 11:27pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:28pm |
| CAL  | Pass   | 11:28pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

| Test            | g/210L | Time    |
|-----------------|--------|---------|
| ानुः<br>- दुवैः |        |         |
| DIAG            | Pass   | 11:17pm |
| AIR BLK         | .00    | 11:18pm |
| ACCY CHK        | .07    | 11:18pm |
| AIR BLK         | .00    | 11:19pm |
| SUB TEST        | .00    | 11:20pm |
| AIR BLK         | .00    | 11:20pm |
| SUB TEST        | .00    | 11:22pm |
| AIR BLK         | .00    | 11:23pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_                      | (ase Instrument L   | D and Little   |
|------------------------------|---|--|
| Instrument Se                | orial No. 008710 Pine   | HURST N.C.   |
| The preventive four months a | re maintenance procedures for the Intoximeters, Modure:   | lel Intox EC/IR II to be followed at least once every  |
| 1.                           | Verify the ethanol gas canister displays pressure 34 degrees, plus or minus .2 degree centigrade; | e, or the alcoholic breath simulator thermometer show  |
| 2.                           | Verify instrument displays time and date;   |  |
| 3.                           | Initiate breath test sequence;  |  |
| 4.                           | Enter information as prompted;  |  |
| 5.                           | Verify instrument accuracy;   |  |
| 6.                           | When "PLEASE BLOW" appears, collect brea  | th sample;   |
| 7.                           | When "PLEASE BLOW" appears, collect brea  | th sample;   |
| 8.                           | Print test record;  |  |
| 9.                           | Verify Diagnostic Program; and  |  |
| 10.                          |   | nged before expiration date, or the alcoholic breath months or after 125 Alcoholic Breath Simulator tests, |
| procedures w                 | on the day of   | accordance with current regulations of the N.C.  |
| THE GULAN Y                  | Signature of Certify  | ing Official Certificate Number  |

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 10/21/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test                | g/210L             | Time               |
|---------------------|--------------------|--------------------|
| DIAG<br>AIR BLK     | Pass               | 11:37am<br>11:38am |
| ACCY CHK            | .07                | 11:38am            |
| AIR BLK<br>SUB TEST | .00<br>. <b>00</b> | 11:39am<br>11:40am |
| AIR BLK             | .00                | 11:40am            |
| SUB TEST<br>AIR BLK | .00<br>.00         | 11:42am<br>11:43am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Record Number: 1006
Test Date: 10/21/2013 Test Time: 11:43am EDT

System Check: Passed

#### Baseline Tests

| Test       | Status | Time    |
|------------|--------|---------|
| IR         | Pass   | 11:44am |
| ${	t FLO}$ | Pass   | 11:44am |
| FC         | Pass   | 11:44am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:44am |
| SRC  | Pass   | 11:44am |
| DET  | Pass   | 11:44am |
| BAR  | Pass   | 11:44am |
| BT   | Pass   | 11:44am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:45am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:45am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:45am |

Preventive Maintenance Status: Pass

Pass

11:45am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                                  | MODRE Instru   | ment Location Southern Pines P.D.   |
|---|--|---|
| Instrument                              |  | meson Dives, N.C.   |
| The prevent                             |  | s, Model Intox EC/IR II to be followed at least once every  |
| 1.                                      | Verify the ethanol gas canister displays p<br>34 degrees, plus or minus .2 degree centi  | ressure, or the alcoholic breath simulator thermometer shows grade;   |
| 2.                                      | Verify instrument displays time and date;  |   |
| 3.                                      | Initiate breath test sequence;   |   |
| 4.                                      | Enter information as prompted;   |   |
| 5.                                      | Verify instrument accuracy;  |   |
| 6.                                      | When "PLEASE BLOW" appears, collection   | ct breath sample;   |
| 7.                                      | When "PLEASE BLOW" appears, colle  | ct breath sample;   |
| 8.                                      | Print test record;   |   |
| 9.                                      | Verify Diagnostic Program; and   |   |
| 10.                                     | Verify that the ethanol gas canister is bei simulator solution is being changed every whichever occurs first.  | ng changed before expiration date, or the alcoholic breath y four months or after 125 Alcoholic Breath Simulator tests, |
| I certify th<br>procedures<br>Departmen | at on theday ofscale s were performed on the instrument indicated about of Health and Human Services, and the instrum  | , 20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| GREAT                                   | ATE OF NO PERSONAL PROPERTY OF THE PROPERTY OF | ъ   |
| * 500 QU                                |  | Certifying Official Certificate Number  |

MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Date: 10/21/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 10:41am<br>10:42am<br>10:43am<br>10:44am<br><b>10:44a</b> m |
| AIR BLK  | .00                       | 10:45am   |
| SUB TEST   | .00                       | 10:47am   |
| AIR BLK  | .00                       | 10:47am   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MOORE COUNTY SOUTHERN PINES PD. 620

Serial Number: 008720 Test Record Number: 697 Test Date: 10/21/2013 Test Time: 10:48am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:49am |
| FLO  | Pass   | 10:49am |
| FC   | Pass   | 10:49am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:49am |
| SRC  | Pass   | 10:49am |
| DET  | Pass   | 10:49am |
| BAR  | Pass   | 10:49am |
| BT   | Pass   | 10:49am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:50am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:50am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:50am<br>10:50am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County R  | PAIODUR  | Instrument Location           | PANDOLPH   | CO. JAIL                                 |
|---|--|-------------------------------|--|--|
| Instrument S  | erial No. <u>00886<i>0</i></u>   | <u> </u>                      | olo, N.C.  |  |
| The preventi  | ve maintenance procedures for the are:   | Intoximeters, Model Intox     | EC/IR II to be followed  | l at least once every                    |
| 1.  | Verify the ethanol gas caniste 34 degrees, plus or minus .2  |                               | lcoholic breath simulat  | or thermometer show                      |
| 2.  | Verify instrument displays ti  | me and date;                  |  |  |
| 3.  | Initiate breath test sequence;   |                               | e de   |  |
| 4.  | Enter information as prompte   | ed;                           |  |  |
| 5.  | Verify instrument accuracy;  |                               |  |  |
| 6.  | When "PLEASE BLOW" ap  | ppears, collect breath sample | ;<br>;   |  |
| 7.  | When "PLEASE BLOW" ap  | ppears, collect breath sample |  | :<br>-<br>                               |
| 8.  | Print test record;   |                               |  |  |
| 9   | Verify Diagnostic Program;   | and                           | Paragonal Communication of the |  |
| 10.   | Verify that the ethanol gas ca<br>simulator solution is being cl<br>whichever occurs first.  |                               |  |  |
| procedures v  | on the day of<br>vere performed on the instrument in<br>of Health and Human Services, an   |                               | ce with current regulati   | eventive maintenance<br>ions of the N.C. |
| TAIL STATE OF THE | E ON O CAROLINA CAROL |                               | · marine   | <sup>2</sup> want o                      |
| William Co.   | - WS   | ignature of Certifying Offici |  | rtificate Number                         |
|   | •  | - / 1                         |  |  |

RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860 Test Date: 10/23/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204603 Exp Date: 02/15/2014

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:16am<br>10:17am |
| ACCY CHK        | .08    | 10:17am            |
| AIR BLK         | .00    | 10:18am            |
| SUB TEST        | .00    | 10:19am            |
| AIR BLK         | .00    | 10:20am            |
| SUB TEST        | .00    | 10:22am            |
| AIR BLK         | .00    | 10:23am            |

Reported, AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### RANDOLPH COUNTY RANDOLPH COUNTY JAIL 750

Serial Number: 008860

Test Record Number: 1910

Test Date: 10/23/2013

Test Time: 10:25am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:25am |
| FLO  | Pass   | 10:25am |
| FC   | Pass   | 10:26am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:26am |
| SRC  | Pass   | 10:26am |
| DET  | Pass   | 10:26am |
| BAR  | Pass   | 10:26am |
| BT   | Pass   | 10:26am |
|      |        |         |

#### Blank Tests

| Test  | Status | Time    |
|-------|--------|---------|
| A T R | Pagg   | 10.26am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:26am |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

CAL Pass 10:27am Preventive Maintenance

Status: Pass

Pass

10:27am

COMP

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_  | RANDOIPH   | Instrument Location  | RANDOIPH   | 6. JAIL                                   |
|----------|--|--|--|---|
| Instrume | nt Serial No. <u>008899</u>  | ASHBORD  | , N.C.   |   |
| The prev | entive maintenance procedures for the  | Intoximeters, Model Intox E                                  | CC/IR II to be followed  | at least once every                       |
| 1.       | Verify the ethanol gas canist 34 degrees, plus or minus .2   |  | coholic breath simulate  | or thermometer show                       |
| 2.       | Verify instrument displays ti  | me and date;   |  |   |
| 3.       | Initiate breath test sequence;   |  |  |   |
| 4.       | Enter information as prompt  | ed;  |  |   |
| 5.       | Verify instrument accuracy;  |  |  |   |
| 6.       | When "PLEASE BLOW" a   | opears, collect breath sample;                               |  |   |
| 7.       | When "PLEASE BLOW" a   | opears, collect breath sample;                               |  |   |
| 8.       | Print test record;   |  |  |   |
| 9.       | Verify Diagnostic Program;   | and  | West of the Control o |   |
| 10.      | Verify that the ethanol gas c<br>simulator solution is being c<br>whichever occurs first.                      | anister is being changed befo<br>hanged every four months or | re expiration date, or the after 125 Alcoholic Br  | ne alcoholic breath eath Simulator tests, |
| procedui | that on the <u>2</u> day of <u>0</u> res were performed on the instrument ent of Health and Human Services, an | indicated above, in accordance                               | ce with current regulati   | ventive maintenance<br>ons of the N.C.    |
| CREAT SE |  | Control of Certifying Official                               |  | rtificate Number                          |
|          | X  |  |  |   |

RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Date: 10/23/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 10:08am<br>10:09am<br>10:09am |
| AIR BLK                     | .00                | 10:10am                       |
| SUB TEST                    | .00                | 10:11am                       |
| AIR BLK                     | .00                | 10:12am                       |
| SUB TEST                    | .00                | 10:13am                       |
| AIR BLK                     | .00                | 10:14am                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### RANDOLPH COUNTY RANDOLPH CO. JAIL 750

Serial Number: 008899 Test Record Number: 1635

Test Date: 10/23/2013 Test Time: 10:18am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:18am<br>10:18am |
| FC        | Pass         | 10:18am            |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:19am |
| SRC           | Pass   | 10:19am |
| DET           | Pass   | 10:19am |
| BAR           | Pass   | 10:19am |
| $\mathtt{BT}$ | Pass   | 10:19am |

#### Blank Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |

AIR Pass 10:19am

#### Printer Tests

| Test | Status | Time |
|------|--------|------|
|      |        |      |

10:19am PRNT Pass

#### CRC Tests

| Test | Status       | Time    |
|------|--------------|---------|
| COMP | Pass<br>Pass | 10:19am |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County    | HOKE   | Instrument Location Hove co. Dereshow and   |
|-----------|--|---|
| Instrumer | nt Serial No. <u></u>  | RAEPOLD, NC   |
| The preve |  | toximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.        | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg  | lisplays pressure, or the alcoholic breath simulator thermometer shows tree centigrade;   |
| 2.        | Verify instrument displays time  | and date;   |
| 3.        | Initiate breath test sequence;   |   |
| 4.        | Enter information as prompted;   |   |
| 5.        | Verify instrument accuracy;  |   |
| 6.        | When "PLEASE BLOW" appe  | ars, collect breath sample;   |
| 7.        | When "PLEASE BLOW" appe  | ars, collect breath sample;   |
| 8.        | Print test record;   |   |
| 9.        | Verify Diagnostic Program; and   |   |
| 10.       | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.   | ster is being changed before expiration date, or the alcoholic breath aged every four months or after 125 Alcoholic Breath Simulator tests, |
| procedur  | that on the day of day of day of tes were performed on the instrument indicent of Health and Human Services, and the   | icated above, in accordance with current regulations of the N.C.  |
| ONEW SET  | CALIFORNIA COLUMN VIDENTE COLUMN VID | ature of Certifying Official Certificate Number   |

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG                | Pass       | 10:22am            |
| AIR BLK<br>ACCY CHK | .00<br>.08 | 10:23am<br>10:24am |
| AIR BLK             | .00        | 10:25am            |
| SUB TEST            | .00        | 10:25am            |
| AIR BLK             | . 0,0      | 10:26am            |
| SUB TEST            | .00        | 10:28am            |
| AIR BLK             | .00        | 10:29am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Record Number: 899
Test Date: 10/24/2013 Test Time: 10:29am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:30am |
| FLO  | Pass   | 10:30am |
| FC   | Pass   | 10:30am |

#### Temperature Tests

| Test              | Status | Time    |
|-------------------|--------|---------|
| FC1               | Pass   | 10:30am |
| SRC               | Pass   | 10:30am |
| DET               | Pass   | 10:30am |
| BAR               | Pass   | 10;30am |
| $\mathrm{BT}^{-}$ | Pass   | 10:30am |
|                   |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:30am |

#### Printer Tests

| Time               |
|--------------------|
| 10:31am            |
| s                  |
| Time               |
| 10:31am<br>10:31am |
|                    |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                                       | -10KE   | Instrument Lo                                | cation HOKE  | CO. DET                                  | - Notice                           |
|--|---|--|--|--|------------------------------------|
| Instrument Se                                | erial No. <u>008852</u>   | PAEF   | ord, h   | ٧.८.                                     |                                    |
|  |   |  |  |  |                                    |
| The prevention                               | ve maintenance procedures for the I<br>are:   | ntoximeters, Mode                            | el Intox EC/IR II t  | o be followed at le                      | east once every                    |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.                         |  | or the alcoholic b   | reath simulator the                      | ermometer shows                    |
| 2.   | Verify instrument displays tim  | e and date;                                  |  |  |                                    |
| 3.   | Initiate breath test sequence;  |  |  | ·  |                                    |
| 4.   | Enter information as prompted   | l <b>;</b> .                                 |  |  |                                    |
| 5.   | Verify instrument accuracy;   |  | and the second s |  |                                    |
| 6.   | When "PLEASE BLOW" app  | ears, collect breat                          | h sample;  |  |                                    |
| 7.   | When "PLEASE BLOW" app  | pears, collect breat                         | h sample;  |  | e<br>e                             |
| 8.   | Print test record;  |  |  |  |                                    |
| 9.   | Verify Diagnostic Program; a  | nd   |  |  |                                    |
| 10.  | Verify that the ethanol gas can<br>simulator solution is being cha<br>whichever occurs first. | nister is being chan<br>anged every four n   | nged before expiration this or after 125   | tion date, or the al<br>Alcoholic Breath | coholic breath<br>Simulator tests, |
| I certify that<br>procedures v<br>Department | on the day of<br>were performed on the instrument in<br>of Health and Human Services, and     | dicated above, in a                          | accordance with co   | arrent regulations                       | tive maintenance of the N.C.       |
| STATE STATE                                  | E C 1 C A C A C A C A C A C A C A C A C A   |  |  |  |                                    |
| A COST CLAM                                  |   | grature of Certifyin                         | ng Official  | <u>(652</u><br>Certific                  | cate Number                        |
|  |   | <u>`````````````````````````````````````</u> | J  |  |                                    |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 10:15am<br>10:16am<br>10:17am<br>10:17am |
| SUB TEST                               | .00                | 10:18am                                  |
| AIR BLK                                | .00                | 10:19am                                  |
| SUB TEST                               | .00                | 10:21am                                  |
| AIR BLK                                | .00                | 10:22am                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852

Test Record Number: 539

Test Date: 10/24/2013

Test Time: 10:23am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:23am |
| FLO  | Pass   | 10:23am |
| FC   | Pass   | 10:23am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:23am |
| SRC  | Pass   | 10:23am |
| DET  | Pass   | 10:23am |
| BAR  | Pass   | 10:23am |
| BT   | Pass   | 10:23am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
|      |        | 4       |
| ATR  | Pass   | 10·24am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:24am |
| •    | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:24am |

Preventive Maintenance Status: Pass

Pass

10:24am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | NOTENH  | Instrument Location 504157   | on Co. JAIL   |
|--|---|--|---|
| Instrument Seri  | al No. <u>008810</u>  | SMITHFIELD   | N.C.  |
| The preventive four months are   |   | toximeters, Model Intox EC/IR II to be   | followed at least once every                                  |
| 1.   | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg   | lisplays pressure, or the alcoholic breat<br>tree centigrade;                              | h simulator thermometer shows                                 |
| 2.   | Verify instrument displays time   | and date;  |   |
| 3.   | Initiate breath test sequence;  |  | ÷   |
| 4.   | Enter information as prompted;  |  |   |
| 5.   | Verify instrument accuracy;   |  |   |
| 6.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; and  |  |   |
| 10.  | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.  | ster is being changed before expiration<br>aged every four months or after 125 Ala         | date, or the alcoholic breath coholic Breath Simulator tests, |
| procedures we  | re performed on the instrument ind  | 20 the for icated above, in accordance with current he instrument is functioning properly. | rgoing preventive maintenance<br>nt regulations of the N.C.   |
| THE STATE OF THE S | A CORPUTATION OF THE PROPERTY |  |   |
|  | Sign  | ature of Certifying Official   | Certificate Number  |

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG315701 Exp Date: 06/06/2015

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 9:55am<br>9:56am |
| ACCY CHK        | .08    | 9:56am<br>9:58am |
| SUB TEST        | .00    | 9:58am           |
| AIR BLK         | .00    | 9:59am           |
| SUB TEST        | .00    | 10:01am          |
| AIR BLK         | .00    | 10:02am          |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Tes

Test Record Number: 1403

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:04am |
| FLO  | Pass   | 10:04am |
| FC   | Pass   | 10:04am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:04am |
| SRC  | Pass   | 10:04am |
| DET  | Pass   | 10:04am |
| BAR  | Pass   | 10:04am |
| BT   | Pass   | 10:04am |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:05am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:05am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:05am |

Preventive Maintenance Status: Pass

Pass

10:05am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                | ZOHRION  | Instrument Location                                      | 20 HINZION                                    | Co. JA11  |
|-----------------------|--|--|---|---|
| Instrument            | Serial No. 008846  | SHITHE   | herd, hic                                     |   |
|                       |  |  |   |   |
| The prever four month | tive maintenance procedures for the Ir<br>s are:   | ntoximeters, Model Intox E                               | .C/IR II to be followed                       | ed at least once every                          |
| 1.                    | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                                  |  | coholic breath simul                          | ator thermometer show                           |
| 2.                    | Verify instrument displays time  | e and date;  |   |   |
| 3.                    | Initiate breath test sequence;   |  |   |   |
| 4.                    | Enter information as prompted  | ;  |   |   |
| 5.                    | Verify instrument accuracy;  |  |   |   |
| 6.                    | When "PLEASE BLOW" app   | ears, collect breath sample                              | • 1   |   |
| 7.                    | When "PLEASE BLOW" app   | ears, collect breath sample                              |   |   |
| 8.                    | Print test record;   |  |   |   |
| 9.                    | Verify Diagnostic Program; an  | d  |   |   |
| 10.                   | Verify that the ethanol gas can simulator solution is being cha whichever occurs first.          | ister is being changed befo<br>nged every four months or | re expiration date, or<br>after 125 Alcoholic | the alcoholic breath<br>Breath Simulator tests, |
| procedures            | at on the day of<br>were performed on the instrument ind<br>at of Health and Human Services, and | licated above, in accordance                             | ce with current regula                        | preventive maintenance ations of the N.C.       |
|                       |  |  |   |   |
| A OF THE ST           | ATE OF NO PA   |  |   |   |
| CREAT                 | CARO   |  |   |   |
| * 1281 QU             | AN VIDER A   | Demire   |   | 652   |
|                       | Sig  | nature of Certifying Offici                              | ai (  | Certificate Number                              |

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG315701 Exp Date: 06/06/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:48am |
| AIR BLK  | .00    | 9:49am |
| ACCY CHK | .08    | 9:49am |
| AIR BLK  | .00    | 9:50am |
| SUB TEST | .00    | 9:51am |
| AIR BLK  | .00    | 9:52am |
| SUB TEST | .00    | 9:54am |
| AIR BLK  | .00    | 9:55am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3161 Test Date: 10/25/2013 Test Time: 9:56am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:56am |
| FLO  | Pass   | 9:56am |
| FC   | Pass   | 9:56am |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:56am |
| SRC  | Pass   | 9:56am |
| DET  | Pass   | 9:56am |
| BAR  | Pass   | 9:56am |
| BT   | Pass   | 9:56am |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:57am |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:57am |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:57am |
| CAL  | Pass   | 9:57am |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | INTOXIMETERS, MODEL INTOX EC/II  |   |
|--|--|---|
| Instrument Seria   | al No. 00 8828   |   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be:   | followed at least once every                              |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;   | n simulator thermometer show                              |
| 2.   | Verify instrument displays time and date;  |   |
| 3.   | Initiate breath test sequence;   |   |
| 4.   | Enter information as prompted;   |   |
| 5.   | Verify instrument accuracy;  |   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.   | Print test record;   |   |
| 9.   | Verify Diagnostic Program; and   |   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration of simulator solution is being changed every four months or after 125 Alc whichever occurs first.  |   |
|  | the <u>Jay of Corbee</u> , 20 <u>13</u> the force performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.   | going preventive maintenance<br>t regulations of the N.C. |
| OREAT<br>STATE OF<br>STATE | CAROLE CA |   |
| A TASE QUAN YOUN   | Signature/of Certifying Official   | Certificate Number  |

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 2:29pm<br>2:29pm<br>2:30pm<br>2:31pm |
| SUB TEST<br>AIR BLK                    | .00                | 2:32pm<br>2:33pm                     |
| SUB TEST                               | .00                | 2:35pm                               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008828 Test Record Number: 1438 Test Date: 10/02/2013 Test Time: 2:36pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:37pm |
| FLO  | Pass   | 2:37pm |
| FC   | Pass   | 2:37pm |

#### Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1<br>SRC | Pass<br>Pass | 2:37pm<br>2:37pm |
| DET        | Pass         | 2:37pm           |
| BAR        | Pass         | 2:37pm           |
| BT         | Pass         | 2:37pm           |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:37pm |

#### Printer Tests

| rest        | Status       | TIME             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:38pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:38pm<br>2:38pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Greensboro Instrument Serial No. 008725 100 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. Print test record; 8. 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 / 5 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

| rest     | 9/2101 | TIME   |
|----------|--------|--------|
| DIAG     | Pass   | 1:50pm |
| AIR BLK  | .00    | 1:51pm |
| ACCY CHK | .07    | 1:52pm |
| AIR BLK  | .00    | 1:53pm |
| SUB TEST | .00    | 1:53pm |
| AIR BLK  | .00    | 1:54pm |
| SUB TEST | .00    | 1:55pm |
| AIR BLK  | .00    | 1:56pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

J. Hun Den Analyst

#### GUILFORD COUNTY GREENSBORO PD 400

Serial Number: 008725

Test Record Number: 2988

Test Date: 10/01/2013

Test Time: 1:57pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:57pm |
| FLO  | Pass   | 1:57pm |
| FC   | Pass   | 1:57pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:57pm |
| SRC  | Pass   | 1:57pm |
| DET  | Pass   | 1:57pm |
| BAR  | Pass   | 1:57pm |
| BT   | Pass   | 1:57pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:58pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:58pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 1:58pm |

Preventive Maintenance Status: Pass

Pass

1:58pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location HIGH POINT JA! Instrument Serial No. 008655 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 10/02/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
06/01/2013-06/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 2:39pm<br>2:39pm |
| ACCY CHK        | .07    | 2:40pm           |
| AIR BLK         | .00    | 2:41pm           |
| SUB TEST        | .00    | 2:41pm           |
| AIR BLK         | .00    | 2:42pm           |
| SUB TEST        | .00    | 2:44pm           |
| AIR BLK         | .00    | 2:45pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2032

Test Date: 10/02/2013

Test Time: 2:45pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:46pm |
| FLO  | Pass   | 2:46pm |
| FC   | Pass   | 2:46pm |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 2:46pm |
| SRC           | Pass   | 2:46pm |
| DET           | Pass   | 2:46pm |
| BAR           | Pass   | 2:46pm |
| $\mathtt{BT}$ | Pass   | 2:46pm |
|               |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| 3.70 | •••    |        |
| AIR  | Pass   | 2:46pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:46pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:47pm |
| CAL  | Pass   | 2:47pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| · · ·                                     | INTOXIMETERS, MODEL INTOX EC/II  | 1 3 . /   |
|---|--|---|
| County_                                   | YOWAU Instrument Location 5A 113   | bury tolice   |
| Instrument S                              | Gerial No. <u>008868</u> <u>Departu</u>  | rent  |
|   |  |   |
| The preventi four months                  | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be are:   | followed at least once every                                  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;  | h simulator thermometer show                                  |
| 2.  | Verify instrument displays time and date;  |   |
| 3.  | Initiate breath test sequence;   | *.  |
| 4.  | Enter information as prompted;   |   |
| 5.  | Verify instrument accuracy;  |   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.  | Print test record;   |   |
| 9.  | Verify Diagnostic Program; and   |   |
| 10.                                       | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first. | date, or the alcoholic breath coholic Breath Simulator tests, |
|   |  |   |
| I certify that procedures very Department | ton the  | going preventive maintenance of the N.C.                      |
|   |  |   |
| OF THE STAT                               | Fox No.  |   |
|   |  |   |
| Table Grant                               | J. Sein Venus  | M 642   |
|   | Signature of Certifying Official   | Certificate Number  |

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 11:53am<br>11:54am<br>11:54am<br>11:55am<br>11:56am |
| 3 TD DII   | 0.0                       |   |

AIR BLK .00 11:57am SUB TEST .00 11:58am

AIR BLK .00 11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008868

Test Record Number: 1930

Test Date: 10/03/2013

Test Time: 12:00pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:00pm |
| FLO  | Pass   | 12:00pm |
| FC   | Pass   | 12:00pm |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 12:00pm |
| SRC           | Pass   | 12:00pm |
| DET           | Pass   | 12:00pm |
| BAR           | Pass   | 12:00pm |
| $\mathtt{BT}$ | Pass   | 12:00pm |
|               |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:01pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:01pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:01pm |

Pass

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | instrument Location 5  | Alisbury Police   |
|---|--|---|
| Instrument S  | erial No. <u>008835</u> Dep  | ARTMENT   |
| The preventifour months   | ve maintenance procedures for the Intoximeters, Model Intox EC/IF are:   | R II to be followed at least once every   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;  | olic breath simulator thermometer shows   |
| 2.  | Verify instrument displays time and date;  |   |
| 3.  | Initiate breath test sequence;   |   |
| 4.  | Enter information as prompted;   |   |
| 5.  | Verify instrument accuracy;  |   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |   |
| 8.  | Print test record;   |   |
| 9.  | Verify Diagnostic Program; and   |   |
| 10.   | Verify that the ethanol gas canister is being changed before ex-<br>simulator solution is being changed every four months or afte<br>whichever occurs first.             | xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests, |
| I certify that<br>procedures v<br>Department  | on the 3 day of October, 20/3 were performed on the instrument indicated above, in accordance w of Health and Human Services, and the instrument is functioning process. | ith current regulations of the N.C.   |
| STATE OF CHART OF THE STATE OF |  | M 642<br>Certificate Number   |
|   | Signature of Certifying Official   | Certificate Number  |

ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:15pm<br>12:15pm |
| ACCY CHK        | .08    | 12:16pm            |
| AIR BLK         | .00    | 12:17pm            |
| SUB TEST        | .00    | 12:18pm            |
| AIR BLK         | .00    | 12:19pm            |
| SUB TEST        | .00    | 12:20pm            |
| AIR BLK         | .00    | 12:21pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

7.7 Just

#### ROWAN COUNTY SALISBURY PD 790

Serial Number: 008835

Test Record Number: 1265

Test Date: 10/03/2013

Test Time: 12:22pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:22pm |
| FLO  | Pass   | 12:22pm |
| FC   | Pass   | 12:22pm |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 12:22pm |
| SRC           | Pass   | 12:22pm |
| DET           | Pass   | 12:22pm |
| BAR           | Pass   | 12:22pm |
| $\mathtt{BT}$ | Pass   | 12:22pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:23pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:23pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 12:23pm |
|------|------|---------|
| CAL  | Pass | 12:23pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County M   | ake Instrument Location Wake Co Detention  |
| Instrument Ser   | rial No.008686 3301 Hammond Rd<br>Rale D   |
|  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures we  | on the 18th day of 0000, 2003 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. if Health and Human Services, and the instrument is functioning properly.  |
| THE STATE OF THE S | Tarlan 6   |
|  | Signature of Certifying Official Certificate Number  |
|  | and the second of the second o |

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Date: 10/18/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG315701 Exp Date: 06/06/2015

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 12:16pm<br>12:17pm<br>12:17pm |
| AIR BLK                     | .00                | 12:18pm                       |
| SUB TEST                    | .00                | 12:19pm                       |
| AIR BLK                     | .00                | 12:20pm                       |
| SUB TEST                    | .00                | 12:22pm                       |
| AIR BLK                     | .00                | 12:22pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008686 Test Record Number: 4949
Test Date: 10/18/2013 Test Time: 12:24pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time         |
|------|--------|--------------|
|      |        | the state of |
| IR   | Pass   | 12:25pm      |
| FLO  | Pass   | 12:25pm      |
| FC   | Pass   | 12:25pm      |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:25pm |
| SRC  | Pass   | 12:25pm |
| DET  | Pass   | 12:25pm |
| BAR  | Pass   | 12:25pm |
| BT   | Pass   | 12:25pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:26pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:26pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 12:26pm |
|------|------|---------|
| CAL  | Pass | 12:26pm |

Preventive Maintenance Status: Pass

Analýst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Man                     | Instrum  | nent Location Markin                      | (a. 5.0.   |
|--------------------------------|--|---|--|
| Instrument Seri                | al No. 008912 305  | E. Main St., 1                            | Willianston, NC.                                     |
| The preventive four months are | maintenance procedures for the Intoximeters:   | s, Model Intox EC/IR II to be             | followed at least once every                         |
| 1.                             | Verify the ethanol gas canister displays pr<br>34 degrees, plus or minus .2 degree centig  | essure, or the alcoholic breath<br>grade; | simulator thermometer shows                          |
| 2.                             | Verify instrument displays time and date;  |   |  |
| 3.                             | Initiate breath test sequence;   |   |  |
| 4.                             | Enter information as prompted;   |   |  |
| 5.                             | Verify instrument accuracy;  |   |  |
| 6.                             | When "PLEASE BLOW" appears, collect breath sample;   |   |  |
| 7.                             | When "PLEASE BLOW" appears, collect  | t breath sample;                          |  |
| 8.                             | Print test record;   |   |  |
| 9.                             | Verify Diagnostic Program; and   |   |  |
| 10.                            | Verify that the ethanol gas canister is being simulator solution is being changed every whichever occurs first.  |   |  |
|                                | the 15 day of October performed on the instrument indicated about and Human Services, and the instrum  | ve, in accordance with current            | going preventive maintenance regulations of the N.C. |
| TO SE QUAM VIDEN               | OR CANONICAL TO A LANGE OF THE |   | /1/2   |
|                                | Signature of C   | ertifying Official                        | Certificate Number                                   |

#### MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 10/15/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:05am<br>10:05am |
| ACCY CHK        | .07    | 10:06am            |
| AIR BLK         | .00    | 10:07am            |
| SUB TEST        | .00    | 10:08am            |
| AIR BLK         | .00    | 10:08am            |
| SUB TEST        | .00    | 10:10am            |
| AIR BLK         | .00    | 10:11am            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912

Test Record Number: 721 

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:12am |
| FLO  | Pass   | 10:12am |
| FC   | Pass   | 10:12am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:13am |
| SRC  | Pass   | 10:13am |
| DET  | Pass   | 10:13am |
| BAR  | Pass   | 10:13am |
| BT   | Pass   | 10:13am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:13am |

### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:13am |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:13am |
| CAL  | Pass   | 10:13am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ?   | INTOXIMETERS, MODEL INTOX EC/IR II  H  Instrument Location P. H & Detention Center   |
|--|--|
| Instrument S   | erial No. 008668 124 Detention Dr. Greenville, NC  |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| · 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6,   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| procedures v   | on the day of da |
| INTERNATION SEE ALL SE | Secretary of the secret |
|  | Signature of Certifying Official Certificate Number  |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668 Test Date: 10/04/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:35pm |
| AIR BLK  | .00    | 2:36pm |
| ACCY CHK | .07    | 2:36pm |
| AIR BLK  | .00    | 2:38pm |
| SUB TEST | .00    | 2:38pm |
| AIR BLK  | .00    | 2:39pm |
| SUB TEST | .00    | 2:40pm |
| AIR BLK  | .00    | 2:41pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008668

Test Record Number: 2242

Test Date: 10/04/2013

Test Time: 2:43pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:43pm |
| FLO  | Pass   | 2:43pm |
| FC   | Pass   | 2:43pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:44pm |
| SRC  | Pass   | 2:44pm |
| DET  | Pass   | 2:44pm |
| BAR  | Pass   | 2:44pm |
| BT   | Pass   | 2:44pm |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| 7 TD | Dagg   | 2 . 44mm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:44pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:44pm |
| CAL  | Pass   | 2:44pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County P   | Instrument Location P: H (o. Detention (ent  |
|--|--|
| Instrument Seri  | al No. DO 86460 174 Detention Dr. Groenville N   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| •  | the  |
| THE STATE OF THE S |  |
| The state of the s | Signature of Certifying Official Certificate Number  |

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 10/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:21pm |
| AIR BLK  | .00    | 2:22pm |
| ACCY CHK | .07    | 2:23pm |
| AIR BLK  | .00    | 2:24pm |
| SUB TEST | .00    | 2:25pm |
| AIR BLK  | .00    | 2:26pm |
| SUB TEST | .00    | 2:27pm |
| AIR BLK  | .00    | 2:28pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646

Test Record Number: 2289

Test Date: 10/04/2013

Test Time: 2:29pm EDT

System Check: Passed

#### Baseline Tests

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:30pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:30pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:30pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:30pm<br>2:30pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| 2  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County 1   | Instrument Location Pitt (5. Detention (ente   |
| Instrument Se  | rial No. 008662 124 Defention Dr., Greenville, NC.   |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | on the   |
| THE STATES IN THE STATE OF THE STATES IN THE | Signature of Certifying Official Certificate Number  |

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206103 Exp Date: 03/01/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 2:49pm |
| AIR BLK  | .00    | 2:50pm |
| ACCY CHK | .07    | 2:50pm |
| AIR BLK  | .00    | 2:51pm |
| SUB TEST | .00    | 2:51pm |
| AIR BLK  | .00    | 2:52pm |
| SUB TEST | .00    | 2:54pm |
| AIR BLK  | .00    | 2:55pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## PITT COUNTY PITT CO DETENTION 730

Serial Number: 008662 Test Date: 10/04/2013 Test Record Number: 776
Test Time: 2:56pm EDT

. Andrew . . . Care

## Baseline Tests

System Check: Passed

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:56pm |
| FLO  | Pass   | 2:56pm |
| FC   | Pass   | 2:56pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:56pm |
| SRC  | Pass   | 2:56pm |
| DET  | Pass   | 2:56pm |
| BAR  | Pass   | 2:56pm |
| BT   | Pass   | 2:56pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:57pm |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 2:57pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 2:57pm<br>2:57pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County He  | rtford  | Instrument Location Murfre   | al Mar  |
|--|---|--|---|
| Instrument S   | Serial No. <u>DO 890 Co</u>   | 115 E. Broad St  | , Mulfreesboro                                      |
| The prevention four months   | •   | toximeters, Model Intox EC/IR II to be   | followed at least once every                        |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic breath gree centigrade;                            | simulator thermometer shows                         |
| 2.   | Verify instrument displays time                                     | and date;  |   |
| 3.   | Initiate breath test sequence;                                      |  |   |
| 4.   | Enter information as prompted;                                      |  |   |
| 5.   | Verify instrument accuracy;   |  | . '   |
| 6.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  | •   |
| 7.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; and                                      | I  |   |
| 10.  | Verify that the ethanol gas canis                                   | ster is being changed before expiration d<br>ged every four months or after 125 Alco   |   |
|  | vere performed on the instrument indi                               | the forgoated above, in accordance with current ne instrument is functioning properly. | oing preventive maintenance regulations of the N.C. |
| THE STATE OF THE S | E OF NORTH CAROLINA   |  |   |
| * FOR QUANT  | Zelly   | ature of Certifying Official   | Certificate Number                                  |
|  | Sign  | aute of Centrying Official   | Cerificate Number                                   |

## HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

g/210L Test Time DIAG Pass 11:36am AIR BLK .00 11:37am ACCY CHK .08 11:37am AIR BLK .00 11:39am SUB TEST .00 11:39am AIR BLK .00 11:40am SUB TEST .00 11:42am AIR BLK .00

11:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Record Number: 433

Test Date: 10/03/2013

Test Time: 11:44am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 11:44am<br>11:44am |
| FC        | Pass         | 11:45am            |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 11:45am |
| SRC           | Pass   | 11:45am |
| DET           | Pass   | 11:45am |
| BAR           | Pass   | 11:45am |
| $\mathtt{BT}$ | Pass   | 11:45am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:45am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:45am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:46am |

Preventive Maintenance Status: Pass

Pass

11:46am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|   | INTOXIMETERS, MODEL INTOX EC/IR II   |
|---|--|
| County  | LEE Instrument Location SANGED POLICE DEPT.  |
| Instrument So   | erial No   |
| The preventive four months a  | we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|   | on the   |
| STATE OREAT STATE OF THE STATE | Signature of Certifying Official Certificate Number  |

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/11/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Effective: 08/01/2013-08/01/2015

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:08am |
| AIR BLK  | .00    | 9:09am |
| ACCY CHK | .07    | 9:09am |
| AIR BLK  | .00    | 9:10am |
| SUB TEST | .00    | 9:11am |
| AIR BLK  | .00    | 9:12am |
| SUB TEST | .00    | 9:13am |
| ATR BLK  | . 0.0  | 9:14am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 10/11/2013 Test Record Number: 721
Test Time: 9:15am EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:15am<br>9:15am |
| FC        | Pass         | 9:16am           |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 9:16am                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| ATR  | Pass   | 9:16am |

#### Printer Tests

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| PRNT        | Pass         | 9:16am           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 9:17am<br>9:17am |

Preventive Maintenance Status: Pass

'Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| · · · · ·  | INTOXIMET   | ers, Model in 102  | CEC/IR II  |
|--|---|--|--|
| County /   | ANDOCPH   | _ Instrument Location_ <i>\( \frac{\range{\eta_1}}{\text{I}}\)</i> | NOLEMAN POLICE DEPT.   |
| Instrument Se  | rial No. <u>008737</u>  | 101 HILLARY ST.  | RESS)  |
|  |   | (New ADD   | RESS)  |
| The preventiv  |   |  | R II to be followed at least once every  |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o                                       |  | olic breath simulator thermometer show   |
| 2.   | Verify instrument displays til  | ne and date;   |  |
| 3.   | Initiate breath test sequence;  |  |  |
| 4.   | Enter information as prompte  | ed;  |  |
| 5.   | Verify instrument accuracy;   |  |  |
| 6.   | When "PLEASE BLOW" ap   | pears, collect breath sample;                                      |  |
| 7.   | When "PLEASE BLOW" ap   | pears, collect breath sample;                                      |  |
| 8.   | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program; a  | and  |  |
| 10.  |   |  | expiration date, or the alcoholic breather 125 Alcoholic Breath Simulator tests,   |
| I certify that of procedures we Department of  | on the <u>//</u> day of <u>//</u> ere performed on the instrument if Health and Human Services, and | ndicated above, in accordance v                                    | the forgoing preventive maintenance with current regulations of the N.C. properly. |
| THE STATE OF THE S | CAROUN  | gnature of Certifying Official                                     | Certificate Number   |
|  | iSi   | Squarary or Corntying Official                                     | Continuate Hantings  |

#### RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737 Test Date: 10/16/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206603 Exp Date: 03/06/2014

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 11:55am<br>11:55am<br>11:56am<br>11:57am |
| SUB TEST                               | .00                | 11:57am                                  |
| AIR BLK                                | .00                | 11:58am                                  |
| SUB TEST                               | .00                | 12:00pm                                  |
| AIR BLK                                | .00                | 12:01pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## RANDOLPH COUNTY RANDLEMAN PD 750

Serial Number: 008737

Test Record Number: 666

Test Date: 10/16/2013

Test Time: 12:02pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:02pm<br>12:02pm |
| FC        | Pass         | 12:02pm            |

#### Temperature Tests

| Test                    | Status | Time    |
|-------------------------|--------|---------|
| FC1                     | Pass   | 12:02pm |
| SRC                     | Pass   | 12:02pm |
| $\mathrm{DE}\mathbf{T}$ | Pass   | 12:02pm |
| BAR                     | Pass   | 12:02pm |
| $\mathtt{BT}$           | Pass   | 12:02pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:03pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:03pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 12:03pm |

12:03pm

Preventive Maintenance Status: Pass

CAL

Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | intoxijarteks, model into  | A EC/IR II   |
|--|--|--|
| County $\sqrt{a}$  | wthanpth Instrument Location 1/3   | vthampton (o,),  |
| Instrument S   | erial No. 008607 105 WC  | ) efferson St.   |
|  | - Clacks   | W NC   |
| The prevention four months   | ve maintenance procedures for the Intoximeters, Model Intox EC are:  | /IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alco<br>34 degrees, plus or minus .2 degree centigrade;  | holic breath simulator thermometer shows   |
| 2.   | Verify instrument displays time and date;  |  |
| 3.   | Initiate breath test sequence;   |  |
| 4.   | Enter information as prompted;   |  |
| 5.   | Verify instrument accuracy;  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   | and the second s |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 8.   | Print test record;   |  |
| 9.   | Verify Diagnostic Program; and   |  |
| 10.  | Verify that the ethanol gas canister is being changed before simulator solution is being changed every four months or at whichever occurs first.   |  |
|  | on theday of, 20 / |  |
| THE STATE OF THE S | Jalen Tan Can  | 655  |
| •  | Signature of Certifying Official   | Certificate Number   |

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607 Test Date: 10/03/2013

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG308702 Exp Date: 03/28/2015

| 2:38pm<br>2:39pm |
|------------------|
| 2:39pm           |
| 2:40pm           |
| 2:41pm           |
| 2:42pm           |
| 2:43pm           |
| 2:44pm           |
|                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008607

Test Record Number: 714

Test Date: 10/03/2013

Test Time: 2:47pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:47pm |
| FLO  | Pass   | 2:47pm |
| FC   | Pass   | 2:47pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:47pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:48pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:48pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:48pm |

Preventive Maintenance Status: Pass

Pass

2:48pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly. Signature of Certifying Official Certificate Number

HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/03/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: NC

Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102 Exp Date: 03/01/2014

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 1:17pm<br>1:18pm<br>1:19pm |
| AIR BLK                     | .00                | 1:20pm                     |
| SUB TEST                    | .00                | 1:20pm                     |
| AIR BLK                     | .00                | 1:21pm                     |
| SUB TEST                    | .00                | 1:23pm                     |
| AIR BLK                     | .00                | 1:24pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HALIFAX CO ROANOKE RAPIDS PD 410

Serial Number: 008635 Test Date: 10/03/2013

Test Record Number: 1226 Test Time: 1:27pm EDT

System Check: Passed

Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:27pm<br>1:27pm |
| FC        | Pass         | 1:27pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:28pm |
| SRC  | Pass   | 1:28pm |
| DET  | Pass   | 1:28pm |
| BAR  | Pass   | 1:28pm |
| BT   | Pass   | 1:28pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:28pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:28pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 1:28pm |
|------|------|--------|
| CAL  | Pass | 1:28pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | WAKE  | Instrument Location_   | BUT WIDELL  | 6 has you #5                             |
|--|---|--|---|--|
| Instrument Se  | erial No. <u>0086</u> 00  | et e   | 2 FBGGO   |  |
| The preventive four months a   | ve maintenance procedures for the In  | ntoximeters, Model Intox E                                     | C/IR II to be followed                                | at least once every                      |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                                 | displays pressure, or the al-<br>gree centigrade;              | coholic breath simulate                               | or thermometer shows                     |
| 2.   | Verify instrument displays time   | e and date;  |   |  |
| 3.   | Initiate breath test sequence;  |  |   |  |
| 4.   | Enter information as prompted;  |  |   |  |
| 5.   | Verify instrument accuracy;   |  |   |  |
| 6.   | When "PLEASE BLOW" appe   | ears, collect breath sample;                                   |   |  |
| 7.   | When "PLEASE BLOW" appe   | ears, collect breath sample;                                   | •   |  |
| 8.   | Print test record;  |  |   |  |
| 9.   | Verify Diagnostic Program; and  | i  |   |  |
| 10.  | Verify that the ethanol gas cani<br>simulator solution is being char<br>whichever occurs first. | ster is being changed befor<br>aged every four months or       | e expiration date, or that<br>after 125 Alcoholic Bro | e alcoholic breath eath Simulator tests, |
| I certify that of procedures we Department o   | on the  | , 20 / icated above, in accordance he instrument is functionin | the forgoing pree with current regulations properly.  | ventive maintenance ons of the N.C.      |
| THE STATE OF THE S | Sion  | ature of Certifying Official                                   | <u> </u>  | 636<br>tificate Number                   |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600

Test Record Number: 1288

Test Date: 10/04/2013

Test Time: 9:26pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:26pm |
| FLO  | Pass   | 9:26pm |
| FC   | Pass   | 9:26pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:26pm |
| SRC  | Pass   | 9:26pm |
| DET  | Pass   | 9:26pm |
| BAR  | Pass   | 9:26pm |
| BT   | Pass   | 9:26pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:27pm |

#### Printer Tests

| rest | Status | TIME   |
|------|--------|--------|
| PRNT | Pass   | 9:27pm |

#### CRC Tests

| <b>-</b>        | Test | Status | Time   |
|-----------------|------|--------|--------|
| CAL Pass 9:27pm | COMP | Pass   | 9:27pm |
|                 | CAL  | Pass   | 9:27pm |

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008600 Test Date: 10/04/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG203102 Exp Date: 01/31/2014

| rest                | g/2тог | Time             |
|---------------------|--------|------------------|
| DIAG<br>AIR BLK     | Pass   | 9:17pm<br>9:18pm |
| ACCY CHK            | .07    | 9:18pm           |
| AIR BLK             | .00    | 9:19pm           |
| SUB TEST            | .00    | 9:20pm           |
| AIR BLK<br>SUB TEST | .00    | 9:21pm           |
|                     |        | 9:23pm           |
| AIR BLK             | .00    | 9:23pm           |

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County La  | 1.4 Lee Instrument Location BAT MOBILE LWIT TO   |
|--|--|
| Instrument Serial  | No. 008788 ZEBULON   |
| The preventive m four months are:  | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify that on the procedures were properties to the Department of He   | ne day of OCTOBER, , 20/3 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.  |
| THE STATE OF THE S | Sinformation of the second sec |

#### WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/04/2013

Test Record Number: 866
Test Time: 9:35pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:35pm<br>9:35pm |
| FC        | Pass         | 9:35pm           |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 9:35pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:36pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:36pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:36pm |
| CAL  | Pass   | 9:36pm |

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 5 910

Serial Number: 008788 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:27pm |
| AIR BLK  | .00    | 9:28pm |
| ACCY CHK |        | 9:29pm |
| AIR BLK  | .00    | 9:29pm |
| SUB TEST | .00    | 9:31pm |
| AIR BLK  | .00    | 9:32pm |
| SUB TEST | .00    | 9:33pm |
| AIR BLK  | .00    | 9:34pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  |  | ERS, MODEL INTOX EC/I  | K II   |
|--|--|--|--|
| County HA  | LIFAY  |  | LE RAPIDS PD   |
| Instrument Seria   | al No. 208656  | 1040 ROANOICE AVE  | - ROANOICE RAPID   |
| The preventive i   |  | Intoximeters, Model Intox EC/IR II to be   | e followed at least once every                           |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 c  | or displays pressure, or the alcoholic breadlegree centigrade;                           | th simulator thermometer shows                           |
| 2.   | Verify instrument displays tir   | ne and date;   |  |
| 3.   | Initiate breath test sequence;   |  |  |
| 4.   | Enter information as prompte   | d;   |  |
| 5.   | Verify instrument accuracy;  |  |  |
| 6.   | When "PLEASE BLOW" ap  | pears, collect breath sample;  | new West Co  |
| 7.   | When "PLEASE BLOW" ap  | pears, collect breath sample;  |  |
| 8.   | Print test record;   | •  |  |
| 9.   | Verify Diagnostic Program; a   | and  |  |
| 10.  |  | nister is being changed before expiration anged every four months or after 125 Ale       |  |
| procedures were  | e performed on the instrument in   | the fondicated above, in accordance with current the instrument is functioning properly. | rgoing preventive maintenance nt regulations of the N.C. |
| THE STATE OF THE S | ON LANGUAGE CONTRACTOR OF THE PARTY OF THE P | gnature of Certifying Official   | Certificate Number                                       |

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/03/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:12pm |
| AIR BLK  | .00    | 1:13pm |
| ACCY CHK | .07    | 1:14pm |
| AIR BLK  | .00    | 1:14pm |
| SUB TEST | .00    | 1:15pm |
| AIR BLK  | .00    | 1:16pm |
| SUB TEST | .00    | 1:19pm |
| AIR BLK  | .00    | 1:20pm |

Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

HALIFAX CO. ROANOKE RAPIDS PD 410

Serial Number: 008656 Test Date: 10/03/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 1:12pm<br>1:13pm<br>1:14pm |
| AIR BLK                     | .00                | 1:14pm                     |
| SUB TEST                    | .00                | 1:15pm                     |
| AIR BLK                     | .00 ~              | 1:16pm                     |
| SUB TEST                    | .00                | 1:19pm                     |
| AIR BLK                     | .00                | 1:20pm                     |
|                             |                    |                            |

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Analys

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Non                        | THAMPTON  | Instrument Location NORT  | HAMPTON                         | COUNTY SI                               | <u>HERLIFI</u>        |
|-----------------------------------|---|---|---------------------------------|---|-----------------------|
| Instrument Seria                  | 1No. 008688   | Instrument Location NORTH   | N 57.                           | JACKSON                                 | <u>v, N</u> c         |
| The preventive n four months are: |   | ntoximeters, Model Intox EC/IR I  | I to be follow                  | red at least once e                     | very                  |
| 1.                                | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                         | displays pressure, or the alcoholic gree centigrade;                      | breath simul                    | lator thermometer                       | shows                 |
| 2.                                | Verify instrument displays time   | e and date;   |                                 |   |                       |
| 3.                                | Initiate breath test sequence;  |   |                                 |   |                       |
| 4.                                | Enter information as prompted   | ,   |                                 |   |                       |
| 5,                                | Verify instrument accuracy;   |   |                                 |   |                       |
| <b>6.</b>                         | When "PLEASE BLOW" app  | ears, collect breath sample;  |                                 |   | and the second second |
| 7.                                | When "PLEASE BLOW" app  | ears, collect breath sample;  |                                 |   |                       |
| 8.                                | Print test record;  |   |                                 | *.                                      |                       |
| 9.                                | Verify Diagnostic Program; an   | d   | -                               |   |                       |
| 10.                               | Verify that the ethanol gas can simulator solution is being charwhichever occurs first. | ister is being changed before expir<br>nged every four months or after 12 | ration date, or<br>25 Alcoholic | the alcoholic bre<br>Breath Simulator   | ath<br>tests,         |
|                                   | performed on the instrument ind   | icated above, in accordance with the instrument is functioning prop       | current regula                  | preventive mainte<br>ations of the N.C. | nance                 |
| THE STATE OF NO.                  | CAROLINA<br>TO LINE   | 0 1 -4  |                                 | /                                       |                       |
| - anamara                         | Sigr  | nature of Certifying Official   |                                 | Certificate Numbe                       | r                     |

NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 10/03/2013

Citation Number: M000000-0 Subject's Name: PREENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

| Test                | g/210L | Time             |
|---------------------|--------|------------------|
| DIAG<br>AIR BLK     | Pass   | 2:37pm<br>2:38pm |
| ACCY CHK<br>AIR BLK | .08    | 2:38pm<br>2:39pm |
| SUB TEST            | .00    | 2:40pm           |
| AIR BLK             | .00    | 2:41pm           |
| SUB TEST            | .00    | 2:42pm           |
| AIR BLK             | .00    | 2:43pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Bus D Smoth

# NORTHAMPTON COUNTY SHERIFFS DEPARTMENT 650

Serial Number: 008688 Test Date: 10/03/2013 Test Record Number: 661 Test Time: 2:45pm EDT

System Check: Passed

# Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:45pm<br>2:45pm |
| FC        | Pass         | 2:45pm           |

## Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:46pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:46pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:46pm |
|      |        |        |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:46pm |
| CAL  | Pass   | 2:46pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Con  | repland   | Instrument Location_      | PARS TT                  | P.M.O.                                    |
|---|---|---------------------------|--------------------------|---|
| Instrument Seri   | al No. <u>008903</u>  |                           |                          |   |
| The preventive four months are  | maintenance procedures for the In   | toximeters, Model Intox   | EC/IR II to be followed  | ed at least once every                    |
| 1.  | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg   |                           | alcoholic breath simula  | ator thermometer show                     |
| 2.  | Verify instrument displays time   | and date;                 |                          |   |
| 3.  | Initiate breath test sequence;  | e<br>Territoria           |                          |   |
| 4.  | Enter information as prompted;  |                           |                          | en e  |
| 5.  | Verify instrument accuracy;   |                           |                          |   |
| 6.  | When "PLEASE BLOW" appe   | ars, collect breath samp  | le;                      |   |
| 7.  | When "PLEASE BLOW" appe   | ars, collect breath samp  | le;                      |   |
| 8.  | Print test record;  |                           |                          | an Can 関<br>Cana                          |
| 9.  | Verify Diagnostic Program; and  | - 발표수<br>1                |                          |   |
| 10.   | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.  |                           |                          |   |
| I certify that or<br>procedures wer<br>Department of  | the day of day of the performed on the instrument indicates the Health and Human Services, and the  | icated above, in accorda  | ince with current regula | preventive maintenance ations of the N.C. |
| O'NE STATE OF THE | Acortic CAROUND Significant Control of the Control | ature of Certifying Offic |                          | Certificate Number                        |

CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 12:19pm<br>12:19pm<br>12:20pm |
| AIR BLK                     | .00                | 12:21pm                       |
| SUB TEST                    | .00                | 12:22pm                       |
| AIR BLK                     | .00                | 12:22pm                       |
| SUB TEST                    | .00                | 12:24pm                       |
| ATR BLK                     | . 0.0              | 12 · 25pm                     |

Reported AC:  $.00 - \frac{g}{210L}$ 

Signature

Court CVR

## CUMBERLAND COUNTY FORT BRAGG LEC. 250

Serial Number: 008903 Test Date: 10/02/2013

Test Record Number: 1207 Test Time: 12:27pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:28pm |
| FLO  | Pass   | 12:28pm |
| FC   | Pass   | 12:28pm |

# Temperature Tests

| Test       | Status       | Time               |
|------------|--------------|--------------------|
| FC1<br>SRC | Pass<br>Pass | 12:28pm<br>12:28pm |
| DET        | Pass         | 12:28pm            |
| BAR        | Pass         | 12:28pm            |
| BT         | Pass         | 12:28pm            |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:29pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:29pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:29pm |
| CAL  | Pass   | 12:29pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C   | Instrument Location FT. BRAGE   |
|--|---|
| Instrument Seri  | al No. 008908 P.M.D.  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                            |
| I certify that on<br>procedures were<br>Department of I  | the <u>02</u> day of <u>0CTOBER</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF ME ST | Signature of Certifying Official Certificate Number   |

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/02/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTS

Agency: DHHS

Test Type: Breath Test

Lot Number: AG205402 Exp Date: 02/23/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 12:00pm<br>12:01pm<br>12:01pm |
| AIR BLK                     | .00                | 12:02pm                       |
| SUB TEST                    | .00                | 12:03pm                       |
| AIR BLK                     | .00                | 12:04pm                       |
| SUB TEST                    | .00                | 12:06pm                       |
| AIR BLK                     | .00                | 12:07pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

CUMBERLAND COUNTY FORT BRAGG, LEC. 250

Serial Number: 008908 Test Date: 10/02/2013

Test Record Number: 1516
Test Time: 12:11pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:11pm |
| FLO  | Pass   | 12:11pm |
| FC   | Pass   | 12:11pm |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:11pm |
| SRC  | Pass   | 12:11pm |
| DET  | Pass   | 12:11pm |
| BAR  | Pass   | 12:11pm |
| BT   | Pass   | 12:11pm |
|      |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:12pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:12pm |
|      | CRC Tests |         |
| Test | Status    | Time    |

|      |      | ···· -  |
|------|------|---------|
| COMP | Pass | 12:12pm |
| CAL  | Pass | 12:12pm |

Preventive Maintenance Status: Pass

/Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County/  | KOBESON Instrument Location Robeson & SALL   |
| Instrument S   | erial No. 008805 LungerTON, NC   |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that<br>procedures w<br>Department of  | on the   |
| STATIS SINGLE STATIS SINGLE SI | Signature of Certifying Official Certificate Number  |

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801 Exp Date: 06/27/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 1:53pm<br>1:54pm<br>1:54pm |
| AIR BLK                     | .00                | 1:55pm                     |
| SUB TEST                    | .00                | 1:56pm                     |
| AIR BLK                     | .00                | 1:57pm                     |
| SUB TEST                    | .00                | 1:59pm                     |
| AIR BLK                     | .00                | 2:00pm                     |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 2699

Test Date: 10/01/2013

Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:03pm |
| FLO  | Pass   | 2:03pm |
| FC   | Pass   | 2:04pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:04pm |
| SRC  | Pass   | 2:04pm |
| DET  | Pass   | 2:04pm |
| BAR  | Pass   | 2:04pm |
| BT   | Pass   | 2:04pm |
|      |        | -      |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:04pm |

## Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:04pm |
|      | CRC Tests | •      |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:05pm |
| CAL  | Pass   | 2:05pm |

Preventive Maintenance Status: Pass

/Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|   | INTOXIMET   | ERS, MODEL INTOX E  |  |
|---|---|---|--|
| County                                  | KOBESON   | Instrument Location Kobe  | con Co MIC   |
| Instrument                              | Serial No. 008836   | LUMBERTON   | NC   |
| The preven                              |   | Intoximeters, Model Intox EC/IR II t  | o be followed at least once every                                      |
| 1.                                      | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o                               | er displays pressure, or the alcoholic b<br>degree centigrade;                  | reath simulator thermometer show                                       |
| 2.                                      | Verify instrument displays tit  | me and date;  |  |
| 3.                                      | Initiate breath test sequence;  |   |  |
| 4.                                      | Enter information as prompte  | ed;   | :  |
| 5.                                      | Verify instrument accuracy;   |   |  |
| 6.                                      | When "PLEASE BLOW" ap   | ppears, collect breath sample;  |  |
| 7.                                      | When "PLEASE BLOW" ap   | opears, collect breath sample;  |  |
| 8.                                      | Print test record;  |   |  |
| 9.                                      | Verify Diagnostic Program; a  | and   |  |
| 10.                                     | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first. | nister is being changed before expirat<br>nanged every four months or after 125 | ion date, or the alcoholic breath<br>Alcoholic Breath Simulator tests, |
|   | were performed on the instrument in   | ndicated above, in accordance with cu   | rrent regulations of the N.C.  |
| STA | of the same   | Red Russell   | 371  |
|   | 218   | gnature of Certifying Official  | Certificate Number   |

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG317801 Exp Date: 06/27/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 1:46pm |
| AIR BLK  | .00    | 1:47pm |
| ACCY CHK | .07    | 1:48pm |
| AIR BLK  | .00    | 1:48pm |
| SUB TEST | .00    | 1:49pm |
| AIR BLK  | .00    | 1:50pm |
| SUB TEST | .00    | 1:52pm |
| AIR BLK  | .00    | 1:53pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Record Number: 2671
Test Date: 10/01/2013 Test Time: 1:54pm EDT

System Check: Passed

# Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 1:54pm |
| FLO  | Pass   | 1:54pm |
| FC   | Pass   | 1:54pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 1:54pm |
| SRC  | Pass   | 1:54pm |
| DET  | Pass   | 1:54pm |
| BAR  | Pass   | 1:54pm |
| BT   | Pass   | 1:54pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:55pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 1:55pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

COMP Pass 1:55pm CAL Pass 1:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II **Instrument Location** Chur Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. ,  $20 \underline{/3}$  the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 10/01/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322401 Exp Date: 08/14/2015

| Test   | g/210L                   | Time   |
|--|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass .00 .07 .00 .00 .00 | 4:54pm<br>4:55pm<br>4:56pm<br>4:56pm<br>4:57pm<br>4:58pm |
| SUB TEST                                       | .00                      | 5:00pm   |
| AIR BLK  | .00                      | 5:01pm   |
|  |                          | 0.0 <u>-</u> E   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799

Test Record Number: 1501

Test Date: 10/01/2013

Test Time: 5:02pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time            |
|------|--------|-----------------|
| IR   | Pass   | 5:0 <b>2</b> pm |
| FLO  | Pass   | 5:02pm          |
| FC   | Pass   | 5:02pm          |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 5:02pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

## Blank Tests

| Test | St <b>atu</b> s | Time   |
|------|-----------------|--------|
| AIR  | Pass            | 5:03pn |

# Printer Tests

| Test | Status | Time            |
|------|--------|-----------------|
| PRNT | Pass   | 5: <b>03p</b> m |

# CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:03pm |
| CAL  | Pass   | 5:03pm |

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location County Instrument Serial No. ( The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 2:16pm<br>2:17pm<br>2:17pm<br>2:19pm |
| SUB TEST                               | .00                | 2:19pm                               |
| AIR BLK<br>SUB TEST                    | .00<br>.00         | 2:20pm<br>2:22pm                     |
| AIR BLK                                | .00                | 2:22pm<br>2:23pm                     |
|  |                    |                                      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008839 Test Test Date: 10/01/2013 Test

Test Record Number: 1141
Test Time: 2:27pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:28pm |
| FLO  | Pass   | 2:28pm |
| FC   | Pass   | 2:28pm |

# Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 2:28pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:29pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:29pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 2:29pm |

Preventive Maintenance Status: Pass

Pass

CAL

2:29pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; Print test record; 8. Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856 Test Date: 10/01/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: NC

Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D

Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG<br>AIR BLK     | Pass       | 1:45pm<br>1:46pm |
| ACCY CHK<br>AIR BLK | .08<br>.00 | 1:47pm<br>1:48pm |
| SUB TEST            | .00        | 1:49pm           |
| AIR BLK<br>SUB TEST | .00<br>.00 | 1:50pm<br>1:51pm |
| AIR BLK             | .00        | 1:52pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ORANGE COUNTY CHAPEL HILL PD 670

Serial Number: 008856

Test Record Number: 1263

Test Date: 10/01/2013

Test Time: 1:55pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 1:55pm<br>1:55pm |
| FC        | Pass         | 1:56pm           |

# Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 1:56pm<br>1:56pm<br>1:56pm<br>1:56pm<br>1:56pm |
|                                |                                      |  |

## Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 1:56pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 1:56pm |
|      |        |        |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 1:57pm |
| CAL  | Pass   | 1:57pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | •   | MS, MODEL INTOX EC   |                                 |
|--|---|--|---------------------------------|
| County W/  | KE  | Instrument Location WARE   | FOREST PD                       |
| Instrument Ser   | rial No. <u>008700</u>  | 401 DWEN ST. L   | JAKE FOREST, NC                 |
| The preventive four months ar  |   | ntoximeters, Model Intox EC/IR II to   | be followed at least once every |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de | displays pressure, or the alcoholic breegree centigrade;   | eath simulator thermometer show |
| 2.   | Verify instrument displays tim                                  | e and date;  |                                 |
| 3.   | Initiate breath test sequence;                                  |  |                                 |
| 4.   | Enter information as prompted                                   | ļ.,  |                                 |
| 5.   | Verify instrument accuracy;                                     |  |                                 |
| 6.   | When "PLEASE BLOW" app  | ears, collect breath sample;   |                                 |
| 7.   | When "PLEASE BLOW" app  | ears, collect breath sample;   |                                 |
| 8.   | Print test record;  | ·  |                                 |
| 9.   | Verify Diagnostic Program; an                                   | nd   |                                 |
| 10.  |   | ister is being changed before expiration is steries and the second secon |                                 |
|  |   | TOBER , 20 / 3 the dicated above, in accordance with curthe instrument is functioning properly   |                                 |
| TO THE STATE OF THE PARTY OF TH | 4 3/  | anature of Certifying Official   | Certificate Number              |

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 10/01/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2013-08/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:34pm<br>12:35pm |
| ACCY CHK        | .08    | 12:35pm            |
| AIR BLK         | .00    | 12:37pm            |
| SUB TEST        | .00    | 12:37pm            |
| AIR BLK         | .00    | 12:38pm            |
| SUB TEST        | .00    | 12:39pm            |
| ATR BLK         | . 0.0  | 12.400m            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 612

Test Date: 10/01/2013 Test Time: 12:42pm EDT

System Check: Passed

# Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 12:42pm<br>12:42pm |
| FC        | Pass         | 12:42pm            |

# Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 12:42pm |
| SRC  | Pass   | 12:42pm |
| DET  | Pass   | 12:42pm |
| BAR  | Pass   | 12:42pm |
| BT   | Pass   | 12:42pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:43pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 12:43pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 12:43pm<br>12:43pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C   | JUILFORD  | Instrument Location  | BAT MOBILE UNIT   |  |
|--|---|--|---|--|
| Instrument Seria   | ni No. <u>OOSC/C</u>  |  | BAT MOBILE UNIT<br>GREENSMORD, NO   |  |
| The preventive r four months are:  | maintenance procedures for the  | Intoximeters, Model Intox l                                | EC/IR II to be followed at least once every   |  |
| 1.   | Verify the ethanol gas caniste 34 degrees, plus or minus .2 o                               | er displays pressure, or the a<br>degree centigrade;       | lcoholic breath simulator thermometer shows   |  |
| 2.   | Verify instrument displays tin  | me and date;   | • .   |  |
| 3.   | Initiate breath test sequence;  |  |   |  |
| 4.   | Enter information as prompte  | ed;  |   |  |
| 5.   | Verify instrument accuracy;   |  |   |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |  |   |  |
| 7.   | When "PLEASE BLOW" ap   | pears, collect breath sample                               | <b>;</b>  |  |
| 8.   | Print test record;  |  |   |  |
| 9.   | Verify Diagnostic Program; a  | ınd  |   |  |
| 10.  | Verify that the ethanol gas ca<br>simulator solution is being ch<br>whichever occurs first. | nister is being changed befo<br>anged every four months or | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |  |
| I certify that on t<br>procedures were<br>Department of H  | the <u>5</u> day of <u>6</u> performed on the instrument in tealth and Human Services, and  | ndicated above, in accordance                              | the forgoing preventive maintenance with current regulations of the N.C. ag properly.   |  |
|  |   |  |   |  |
| SIATE ON STATE OF THE STATE OF  | ON HE CAROLL  |  |   |  |
| A THE OF THE STATE |   | gnature of Certifying Officia                              | Certificate Number  |  |

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                | g/210L     | Time                 |
|---------------------|------------|----------------------|
| DIAG<br>AIR BLK     | Pass       | 9:03pm<br>9:04pm     |
| ACCY CHK            | .08        | 9:04pm               |
| AIR BLK             | .00        | 9:05pm               |
| SUB TEST<br>AIR BLK | .00<br>.00 | <b>9:06pm</b> 9:07pm |
| SUB TEST            | .00        | 9:08pm               |
| AIR BLK             | .00        | 9:09pm               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Record Number: 1781
Test Date: 10/05/2013 Test Time: 9:10pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:10pm |
| FLO  | Pass   | 9:10pm |
| FC   | Pass   | 9:10pm |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:10pm |
| SRC  | Pass   | 9:10pm |
| DET  | Pass   | 9:10pm |
| BAR  | Pass   | 9:10pm |
| BT   | Pass   | 9:10pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:11pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:11pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 9:11pm |

Preventive Maintenance Status: Pass

Pass

CAL

9:11pm

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                         | Instrument Location BAT MOBILE UNIT  |
|--------------------------------|--|
| Instrument Seri                | ial No. 008647 Instrument Location BAT MOBILE UNIT 3   |
| The preventive four months are | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.                             | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                             | Verify instrument displays time and date;  |
| 3.                             | Initiate breath test sequence;   |
| 4.                             | Enter information as prompted;   |
| 5.                             | Verify instrument accuracy;  |
| 6.                             | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                             | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                             | Print test record;   |
| 9.                             | Verify Diagnostic Program; and   |
| 10.                            | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                                | the  |
| THE GLAN VIDE                  | Signature of Certifying Official Certificate Number  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

# GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/05/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                        | g/210L     | Time             |
|-----------------------------|------------|------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass       | 9:22pm<br>9:23pm |
| AIR BLK                     | .07<br>.00 | 9:24pm<br>9:25pm |
| SUB TEST                    | .00        | 9:26pm           |
| AIR BLK<br>SUB TEST         | .00<br>.00 | 9:27pm<br>9:29pm |
| AIR BLK                     | .00        | 9:29pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647

Test Record Number: 1805

Test Date: 10/05/2013

Test Time: 9:31pm EDT

System Check: Passed

## Baseline Tests

| Test      | Status | Time             |
|-----------|--------|------------------|
| IR<br>FLO | Pass   | 9:31pm<br>9:31pm |
|           | Pass   | _                |
| FC        | Pass   | 9:31pm           |

# Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:31pm |
| SRC  | Pass   | 9:31pm |
| DET  | Pass   | 9:31pm |
| BAR  | Pass   | 9:31pm |
| BT   | Pass   | 9:31pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:32pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:32pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
|      |           |        |

9:32pm

9:32pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| GUILFORD   | Instrument Location_   | BAT MOBILE UNIT 3  |
|--|--|--|
| t Serial No. 008707                                |  | BAT MOBILE UNIT 3<br>GREENSBORD, NC  |
| ntive maintenance procedures for the               | Intoximeters, Model Intox  | EC/IR II to be followed at least once every  |
|  |  | alcoholic breath simulator thermometer shows   |
| Verify instrument displays ti                      | me and date;   |  |
| Initiate breath test sequence;                     |  |  |
| Enter information as prompte                       | ed;  |  |
| Verify instrument accuracy;                        |  |  |
| When "PLEASE BLOW" appears, collect breath sample; |  |  |
| When "PLEASE BLOW" ap                              | pears, collect breath sample   | e;   |
| Print test record;                                 |  |  |
| Verify Diagnostic Program;                         | and  |  |
|  |  |  |
| s were performed on the instrument i               | ndicated above, in accordar  | ace with current regulations of the N.C.   |
| ATE OF NORTH                                       | Ry Bengana of Cartificing Office   | Samuel Certificate Number  |
|  | ntive maintenance procedures for the his are:  Verify the ethanol gas caniste 34 degrees, plus or minus .2 degrees, plus o | ntive maintenance procedures for the Intoximeters, Model Intox hs are:  Verify the ethanol gas canister displays pressure, or the a 34 degrees, plus or minus .2 degree centigrade;  Verify instrument displays time and date;  Initiate breath test sequence;  Enter information as prompted;  Verify instrument accuracy;  When "PLEASE BLOW" appears, collect breath sample When "PLEASE BLOW" appears, collect breath sample Print test record;  Verify Diagnostic Program; and  Verify that the ethanol gas canister is being changed bef simulator solution is being changed every four months owhichever occurs first.  The sample of OCTOBER, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20 |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/05/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test   | g/210L                    | Time   |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 8:57pm<br>8:58pm<br>8:59pm<br>9:00pm<br>9:00pm |
| AIR BLK  | .00                       | 9:01pm   |
| SUB TEST   | .00                       | 9:03pm   |
| AIR BLK  | .00                       | 9:04pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alu Rc B.

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1871

Test Date: 10/05/2013

Test Time: 9:05pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:05pm<br>9:05pm |
| FC        | rass<br>Pass | 9:05pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:05pm |
| SRC  | Pass   | 9:05pm |
| DET  | Pass   | 9:05pm |
| BAR  | Pass   | 9:05pm |
| BT   | Pass   | 9:05pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:06pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:06pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:06pm |
| CAL  | Pass   | 9:06pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /   | 1ECKLENBURG   | Instrument Location_BA   | IT MOBILE UNIT 3   |
|--|---|--|--|
|  | erial No. <u>008647</u>   | C  | HARLOTTE, NC   |
| The preventi four months   | ve maintenance procedures for the I are:  | ntoximeters, Model Intox EC/IR   | II to be followed at least once every                                      |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                         | displays pressure, or the alcohol egree centigrade;                    | ic breath simulator thermometer shows                                      |
| 2.   | Verify instrument displays tim  | e and date;  |  |
| 3.   | Initiate breath test sequence;  |  |  |
| 4.   | Enter information as prompted   | •  |  |
| 5.   | Verify instrument accuracy;   |  |  |
| 6.   | When "PLEASE BLOW" app  | ears, collect breath sample;   |  |
| 7.   | When "PLEASE BLOW" app  | ears, collect breath sample;   |  |
| 8.   | Print test record;  |  |  |
| 9.   | Verify Diagnostic Program; an   | d  |  |
| 10.  | Verify that the ethanol gas can simulator solution is being charwhichever occurs first. | ister is being changed before exp<br>nged every four months or after l | iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests, |
| I certify that oprocedures we Department of  | on the  | licated above, in accordance with                                      | the forgoing preventive maintenance current regulations of the N.C. perly. |
| COREATE WILLIAM CONTROL OF THE CORE OF THE CO |   | 7 1  |  |
| A STANK AN   | Mundo   | 2/Bus  | <u>८५७</u>   |
|  | Sign  | nature of Certifying Official  | Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008647 Test Date: 10/10/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 10:29pm<br>10:30pm<br>10:31pm |
| AIR BLK                     | .00                | 10:32pm                       |
| SUB TEST                    | -00                | 10:32pm                       |
| AIR BLK                     | .00                | 10:33pm                       |
| SUB TEST                    | .00                | 10:35pm                       |
| AIR BLK                     | .00                | 10:36pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/10/2013 Test Record Number: 1808
Test Time: 10:37pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:37pm |
| FLO  | Pass   | 10:37pm |
| FC   | Pass   | 10:37pm |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 10:38pm |
| SRC           | Pass   | 10:38pm |
| DET           | Pass   | 10:38pm |
| BAR           | Pass   | 10:38pm |
| $\mathtt{BT}$ | Pass   | 10:38pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:38pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:38pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:38pm |
| CAL  | Pass   | 10:38pm |

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | TECKLENBURG Instrument Location BAT MOBILE UNIT   |
|--|---|
| Instrument Se  | HECKLENBURG Instrument Location BAT MOBILE UNIT  erial No. 008616 CHARLOTTE, NC   |
| The preventive four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.              |
| I certify that of procedures we Department of  | on the 10 day of 0070362, 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly. |
| STATE OF THE STATE | Signature of Certifying Official Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 10/10/2013

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test  | g/210L                           | Time   |
|---|----------------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 10:25pm<br>10:26pm<br>10:26pm<br>10:27pm<br>10:28pm<br>10:29pm |
| SUB TEST  | .00                              | 10:30pm  |
| AIR BLK   | .00                              | 10:31pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1784 Test Date: 10/10/2013 Test Time: 10:32pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:32pm<br>10:32pm |
| FC        | Pass         | 10:32pm            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:32pm |
| SRC  | Pass   | 10:32pm |
| DET  | Pass   | 10:32pm |
| BAR  | Pass   | 10:32pm |
| BT   | Pass   | 10:32pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:33pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:33pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:33pm |

10:33pm

Preventive Maintenance Status: Pass

Pass

CAL

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ME  | CKLENBURG  | Instrument Location BAT MOBILE UNIT 3   |
|--|--|---|
| Instrument Ser   | ial No. 008707   | Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC  |
| The preventive four months ar  |  | ximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre                     | splays pressure, or the alcoholic breath simulator thermometer shows<br>see centigrade;   |
| 2.   | Verify instrument displays time a  | nd date;  |
| 3.   | Initiate breath test sequence;   |   |
| 4.   | Enter information as prompted;   | ,   |
| 5.   | Verify instrument accuracy;  |   |
| 6.   | When "PLEASE BLOW" appear  | s, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appear  | s, collect breath sample;   |
| 8.   | Print test record;   |   |
| 9.   | Verify Diagnostic Program; and   |   |
| 10.  |  | er is being changed before expiration date, or the alcoholic breath and every four months or after 125 Alcoholic Breath Simulator tests,            |
|  | the 10 day of 0c. re performed on the instrument indica Health and Human Services, and the | TOBER, 20 13 the forgoing preventive maintenance ated above, in accordance with current regulations of the N.C. instrument is functioning properly. |
| OF TATE OF THE STATE OF THE STA | Munky,   | Bu-> 648  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/10/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test  | g/210L                           | Time   |
|---|----------------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 10:23pm<br>10:24pm<br>10:25pm<br>10:26pm<br>10:26pm<br>10:27pm |
| SUB TEST  | .00                              | 10:29pm  |
| AIR BLK   | .00                              | 10:30pm  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Clu Ry Banalyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707

Test Record Number: 1878

Test Date: 10/10/2013

Test Time: 10:31pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:32pm |
| FLO  | Pass   | 10:32pm |
| FC   | Pass   | 10:32pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:32pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:32pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:32pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:33pm |
| CAL  | Pass   | 10:33pm |

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                                   | CABARRUS Instrument Location BAT MOBILE UNIT  Serial No. 008707 CONCORO, NC  |
|--|--|
| Instrument                               | Serial No. 008707 CONCORO, NC  |
| The prever                               | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:   |
| 1.                                       | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                                       | Verify instrument displays time and date;  |
| 3.                                       | Initiate breath test sequence;   |
| 4,                                       | Enter information as prompted;   |
| 5.                                       | Verify instrument accuracy;  |
| 6.                                       | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                                       | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                                       | Print test record;   |
| 9.                                       | Verify Diagnostic Program; and   |
| 10.                                      | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures                               | at on the  |
| SE S | Signature of Certifying Official  Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 10/12/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 3:49pm<br>3:50pm |
| ACCY CHK        | .07         | 3:50pm           |
| AIR BLK         | .00         | 3:51pm           |
| SUB TEST        | .00         | 3:52pm           |
| AIR BLK         | .00         | 3:53pm           |
| SUB TEST        | .00         | 3:54pm           |
| AIR BLK         | .00         | 3:55pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707

Test Record Number: 1888

Test Date: 10/12/2013

Test Time: 3:56pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:56pm |
| FLO  | Pass   | 3:56pm |
| FC   | Pass   | 3:56pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:56pm |
| SRC  | Pass   | 3:56pm |
| DET  | Pass   | 3:56pm |
| BAR  | Pass   | 3:56pm |
| BT   | Pass   | 3:56pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:57pm |

#### Printer Tests

| Test | Status    | Time       |
|------|-----------|------------|
| PRNT | Pass      | 3:57pm     |
|      | CRC Tests |            |
|      | <b></b> . | <b>_</b> · |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:57pm |
| CAL  | Pass   | 3:57pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County         | CABARRUS  | Instrument Location          | BAT MOBILE UNIT   |
|----------------|---|------------------------------|---|
| Instrument     | Serial No. 008616   |                              | BAT MOBILE UNIT<br>CONCORD, NC  |
| The prevent    |   | ntoximeters, Model Intox E   | EC/IR II to be followed at least once every   |
| 1.             | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                               |                              | coholic breath simulator thermometer shows  |
| 2.             | Verify instrument displays time   | e and date;                  |   |
| 3.             | Initiate breath test sequence;  |                              |   |
| 4.             | Enter information as prompted;  | ;<br>;                       |   |
| 5.             | Verify instrument accuracy;   |                              |   |
| 6.             | When "PLEASE BLOW" appe   | ears, collect breath sample; | •   |
| 7.             | When "PLEASE BLOW" appe   | ears, collect breath sample; |   |
| 8.             | Print test record;  |                              |   |
| 9.             | Verify Diagnostic Program; and  | <b>d</b>                     |   |
| 10.            |   |                              | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
|                | t on the 12 day of 0 were performed on the instrument ind of Health and Human Services, and t | licated above, in accordanc  |   |
| ATZ ATZ        | TE OF NOTE HE CAROL   |                              |   |
| + SOFT COLLAND | _ Clu   | RyBen                        | 648   |
|                | Sign  | nature of Certifying Officia | Certificate Number  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 10/12/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test  | g/210L                           | Time   |
|---|----------------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 3:48pm<br>3:49pm<br>3:49pm<br>3:50pm<br>3:51pm<br>3:52pm |
| SUB TEST  | .00                              | 3:53pm   |
| AIR BLK   | .00                              | 3:54pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

What Ry Sanalyst

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Tes

Test Record Number: 1794

Test Date: 10/12/2013 Test Time: 3:55pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:55pm |
| FLO  | Pass   | 3:55pm |
| FC   | Pass   | 3:55pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 3:56pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:56pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 3:56pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:56pm |
| CAL  | Pass   | 3:56pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | CABARRUS Instrument Location BAT MOBILE UNIT  CONCURD, NC   |
|---|---|
| Instrument S  | erial No. 008647 CONCURD, NC  |
| The preventi  | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                |
|   | on the 12 day of OCTOBER, 2013 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| STATE STATE OF STATE | Signature of Certifying Official Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 10/12/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:47pm |
|          |        |        |
| AIR BLK  | .00    | 3:48pm |
| ACCY CHK | .07    | 3:49pm |
| AIR BLK  | .00    | 3:50pm |
| SUB TEST | .00    | 3:50pm |
| AIR BLK  | .00    | 3:51pm |
| SUB TEST | .00    | 3:53pm |
| ATR BLK  | . 00   | 3:54pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647

Test Record Number: 1814

Test Date: 10/12/2013

Test Time: 3:54pm EDT

System Check: Passed

#### Baseline Tests

| Time             |
|------------------|
| 3:55pm<br>3:55pm |
| 3:55pm           |
|                  |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 3:55pm |
| SRC           | Pass   | 3:55pm |
| DET           | Pass   | 3:55pm |
| BAR           | Pass   | 3:55pm |
| $\mathtt{BT}$ | Pass   | 3:55pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:55pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 3:55pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:56pm |
| CAL  | Pass   | 3:56pm |

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | DAVIE   | Instrument Location BAT MOBILE UNIT 3   |
|---|---|---|
| Instrument Ser  | rial No. <u>008707</u>  | BERMUOA RUN, NC   |
| The preventive four months as   | e maintenance procedures for the In                                   | toximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.  | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg | lisplays pressure, or the alcoholic breath simulator thermometer shows<br>tree centigrade;  |
| 2.  | Verify instrument displays time                                       | and date;   |
| 3.  | Initiate breath test sequence;  |   |
| 4.  | Enter information as prompted;  |   |
| 5.  | Verify instrument accuracy;   |   |
| 6.  | When "PLEASE BLOW" appear   | ars, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appear   | ars, collect breath sample;   |
| 8.  | Print test record;  |   |
| 9.  | Verify Diagnostic Program; and  |   |
| 10.   |   | ter is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,               |
| I certify that or<br>procedures we<br>Department of   | re performed on the instrument indi-                                  | TO BER, 20 13 the forgoing preventive maintenance cated above, in accordance with current regulations of the N.C. e instrument is functioning properly. |
| OTHE STATE OF THE |   | 24 Ben 1048   |
| - william   | lilu-K  | 4 / Seum 648  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 10/19/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202

Exp Date: 02/21/2015

| Test   | g/210L                    | Time  |
|--|---------------------------|---|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 10:47pm<br>10:48pm<br>10:49pm<br>10:50pm<br>10:51pm |
| AIR BLK  | .00                       | 10:52pm   |
| SUB TEST   | .00                       | 10:53pm   |
| AIR BLK  | .00                       | 10:54pm   |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 10/19/2013

Test Record Number: 1891 Test Time: 10:55pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:56pm |
| FLO  | Pass   | 10:56pm |
| FC   | Pass   | 10:56pm |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:56pm<br>10:56pm<br>10:56pm<br>10:56pm<br>10:56pm |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:56pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:57pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:57pm<br>10:57pm |

Preventive Maintenance Status: Pass

An⁄alyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | GUILFORD Instrument Location BATMOBILE UNIT   |
|--|---|
| Instrument S   | erial No. 008707 GREEN 5/30,20, WC  |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;   |
| 3.   | Initiate breath test sequence;  |
| 4.   | Enter information as prompted;  |
| 5.   | Verify instrument accuracy;   |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.   | Print test record;  |
| 9.   | Verify Diagnostic Program; and  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                              |
|  | on the <u>34</u> day of <u>0CTO3ER</u> , 2013 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 9:23pm<br>9:24pm |
| ACCY CHK        | .07    | 9:25pm           |
| AIR BLK         | .00    | 9:26pm           |
| SUB TEST        | .00    | 9:26pm           |
| AIR BLK         | .00    | 9:27pm           |
| SUB TEST        | .00    | 9:29pm           |
| AIR BLK         | .00    | 9:30pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008707

Test Record Number: 1897

Test Date: 10/24/2013

Test Time: 9:30pm EDT

System Check: Passed

#### Baseline Tests

| Test       | Status | Time   |
|------------|--------|--------|
|            |        |        |
| ${\tt IR}$ | Pass   | 9:30pm |
| FLO        | Pass   | 9:30pm |
| FC         | Pass   | 9:31pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:31pm |
| SRC  | Pass   | 9:31pm |
| DET  | Pass   | 9:31pm |
| BAR  | Pass   | 9:31pm |
| BT   | Pass   | 9:31pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:31pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:31pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:32pm |
| CAL  | Pass   | 9:32pm |

Preventive Maintenance Status: Pass

VAnalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County(  | GUILFORD   | Instrument Location   | BATMOBILE UNIT 3  |
|--|--|---|---|
| Instrument Se  | rial No. <u>008647</u>   |   | GREENSBORG, NC  |
| The preventiv  | re maintenance procedures for the  | e Intoximeters, Model Intox EC/                                       | IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canist 34 degrees, plus or minus .2                       |   | olic breath simulator thermometer shows   |
| 2.   | Verify instrument displays ti  | me and date;  |   |
| 3.   | Initiate breath test sequence;   |   |   |
| 4,   | Enter information as prompt  | ed;   |   |
| 5.   | Verify instrument accuracy;  |   |   |
| 6.   | When "PLEASE BLOW" ap  | ppears, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" ap  | ppears, collect breath sample,  |   |
| 8.   | Print test record;   |   |   |
| 9.   | Verify Diagnostic Program;   | and   |   |
| 10.  | Verify that the ethanol gas consimulator solution is being clumber occurs first. | anister is being changed before e<br>hanged every four months or afte | xpiration date, or the alcoholic breath<br>er 125 Alcoholic Breath Simulator tests, |
| I certify that o<br>procedures we<br>Department of   | on the   | ndicated above, in accordance w                                       | the forgoing preventive maintenance rith current regulations of the N.C. roperly.   |
| STATE OF THE STATE |  | 0 0   |   |
| AND THE PARTY OF T | <u></u>  | construe of Cartifician Official                                      | 648   |
|  | 31   | gnature of Certifying Official  | Certificate Number  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/24/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.07 | 9:25pm<br>9:26pm<br>9:26pm<br>9:27pm |
| SUB TEST                               | • 0 0              | 9:28pm                               |
| AIR BLK                                | .00                | 9:29pm                               |
| SUB TEST                               | .00                | 9:30pm                               |
| AIR BLK                                | .00                | 9:31pm                               |
|  |                    |                                      |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008647 Test Date: 10/24/2013

Test Record Number: 1820

Test Time: 9:34pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 9:34pm<br>9:34pm |
| FC        | Pass         | 9:34pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:34pm |
| SRC  | Pass   | 9:34pm |
| DET  | Pass   | 9:34pm |
| BAR  | Pass   | 9:34pm |
| BT   | Pass   | 9:34pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass . | 9:35pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:35pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:35pm |
| CAL  | Pass   | 9:35pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | GUIL                   | FORD  | Instrument Location   | BATMOBILE UNIT 3   |
|--|------------------------|---|---|--|
| Instrument   | Serial No              | 008616  | · · · · · · · · · · · · · · · · · · ·                       | GREENSBORD, NC   |
| The preven four month  | tive mainten<br>s are: | ance procedures for the                             | Intoximeters, Model Intox                                   | EC/IR II to be followed at least once every  |
| 1.   | Verify<br>34 de        | y the ethanol gas canist<br>grees, plus or minus .2 | er displays pressure, or the a<br>degree centigrade;        | coholic breath simulator thermometer shows   |
| 2.   | Verif                  | y instrument displays ti                            | me and date;  |  |
| 3.   | Initiat                | e breath test sequence;                             |   |  |
| 4.   | Enter                  | information as prompte                              | ed;   |  |
| 5.   | Verif                  | v instrument accuracy;                              |   | •  |
| 6.   | When                   | "PLEASE BLOW" ap                                    | pears, collect breath sample                                | • · · · · · · · · · · · · · · · · · · ·  |
| 7.   | When                   | "PLEASE BLOW" ap                                    | pears, collect breath sample                                | <b>;</b>   |
| 8.   | Print                  | test record;  |   |  |
| 9.   | Verify                 | / Diagnostic Program;                               | and   |  |
| 10.  | simul                  |   |   | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,  |
|  | were periori           | ned on the instrument i                             | ndicated above, in accordance the instrument is functioning | the forgoing preventive maintenance ce with current regulations of the N.C. ng properly. |
| STATE OF STA | TE O'NO CHIN CAROLLIN  | al.   | Zay Bcurre of Certifying Officia                            | Certificate Number   |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616 Test Date: 10/24/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                | g/210L | Time             |
|---------------------|--------|------------------|
| DIAG                | Pass   | 9:24pm           |
| AIR BLK<br>ACCY CHK | .00    | 9:25pm<br>9:25pm |
| AIR BLK             | .00    | 9:25pm           |
| SUB TEST            | .00    | 9:27pm           |
| AIR BLK             | .00    | 9:28pm           |
| SUB TEST            | .00    | 9:29pm           |
| AIR BLK             | .00    | 9:30pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### GUILFORD COUNTY BAT MOBILE UNIT 3 400

Serial Number: 008616

Test Record Number: 1804

Test Date: 10/24/2013

Test Time: 9:31pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:31pm |
| FLO  | Pass   | 9:31pm |
| FC   | Pass   | 9:31pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| •    |        |        |
| FC1  | Pass   | 9:32pm |
| SRC  | Pass   | 9:32pm |
| DET  | Pass   | 9:32pm |
| BAR  | Pass   | 9:32pm |
| BT   | Pass   | 9:32pm |

#### Blank Tests

| Test | Status | Time     |
|------|--------|----------|
| ATR  | Pass   | 9 • 32mm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:32pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:32pm |
| CAL  | Pass   | 9:32pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County H   | 1ECKLENBURG   | Instrument Location_                       | BAT MOBILE UNIT 3   |
|--|---|--|---|
| Instrument S   | Serial No. <u>008707</u>  |  | CHARLOTE, NC  |
| The prevention four months   | ive maintenance procedures for the Intox<br>are:  | imeters, Model Intox                       | EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister disp<br>34 degrees, plus or minus .2 degree                             | plays pressure, or the a                   | coholic breath simulator thermometer shows  |
| 2.   | Verify instrument displays time an  | d date;                                    |   |
| 3.   | Initiate breath test sequence;  |  |   |
| 4.   | Enter information as prompted;  |  |   |
| 5.   | Verify instrument accuracy;   |  |   |
| 6.   | When "PLEASE BLOW" appears  | , collect breath sample                    | <b>:</b>  |
| 7.   | When "PLEASE BLOW" appears,   | collect breath sample                      | ·<br>   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; and  |  |   |
| 10.  | Verify that the ethanol gas canister simulator solution is being changed whichever occurs first.        | is being changed befolevery four months or | re expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests, |
| I certify that of procedures we Department of  | on theday ofOC<br>were performed on the instrument indicate<br>of Health and Human Services, and the in | ed above, in accordanc                     | the forgoing preventive maintenance e with current regulations of the N.C. g properly.  |
| STATE OF THE STATE | CAROUS CAROUS   |  |   |
| SER OF MAN   | _ Clina   | Zy Ben                                     | <u> 648</u>   |
| •  | Signatur  | e of Certifying Officia                    | Certificate Number  |

A signed original of the preventive maintenance record shall be kept on file for at least three years.

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/26/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test   | g/210L                    | Time                                     |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 10:26pm<br>10:27pm<br>10:28pm<br>10:29pm |
| AIR BLK  | .00                       | 10:30pm                                  |
| SUB TEST   | .00                       | 10:32pm                                  |
| ATR BLK  | .00                       | 10:33pm                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 10/26/2013

Test Record Number: 1902 Test Time: 10:38pm EDT

Test IIme: 10:38pm EDI

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:39pm |
| FLO  | Pass   | 10:39pm |
| FC   | Pass   | 10:39pm |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:39pm<br>10:39pm<br>10:39pm<br>10:39pm<br>10:39pm |
|                                |                                      |   |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:40pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:40pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:40pm |

Preventive Maintenance Status: Pass

Pass

10:40pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | MECKLENBURG  | Instrument Location <u>ISAT MOBILE</u> UNIT 3  |
|--|--|--|
| Instrume   | nt Serial No. <u>008616</u>  | Instrument Location BAT MOBILE UNIT 3  CHARLOTTE, NC   |
|  |  |  |
| The preve  | •  | Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.   | Verify the ethanol gas canister 34 degrees, plus or minus .2 degrees.  | displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;   |
| 2.   | Verify instrument displays tim   | e and date;  |
| 3.   | Initiate breath test sequence;   |  |
| 4:   | Enter information as prompted  | <b>i;</b>  |
| 5.   | Verify instrument accuracy;  |  |
| 6.   | When "PLEASE BLOW" app   | pears, collect breath sample;  |
| 7.   | When "PLEASE BLOW" app   | pears, collect breath sample;  |
| 8.   | Print test record;   | •  |
| 9.   | Verify Diagnostic Program; as  | nd   |
| 10.  |  | nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,             |
| procedur   | es were performed on the instrument in   | CTOBER, 2013 the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly. |
| THE CREAT SECTION OF S | STATE OF NO.   |  |
| *155   | CULLA VIDELA VID | Ley Bours 648  Corrificial Cartificate Number  |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Date: 10/26/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 10:27pm<br>10:28pm |
| ACCY CHK        | .08    | 10:29pm            |
| AIR BLK         | .00    | 10:29pm            |
| SUB TEST        | .00    | 10:30pm            |
| AIR BLK         | .00    | 10:31pm            |
| SUB TEST        | .00    | 10:33pm            |
| AIR BLK         | .00    | 10:33pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616 Test Record Number: 1807 Test Date: 10/26/2013 Test Time: 10:35pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:35pm |
| FLO  | Pass   | 10:35pm |
| FC   | Pass   | 10:35pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:35pm |
| SRC  | Pass   | 10:35pm |
| DET  | Pass   | 10:35pm |
| BAR  | Pass   | 10:35pm |
| BT   | Pass   | 10:35pm |

#### Blank Tests

| Test  | Status | Time    |  |
|-------|--------|---------|--|
| 7 T T | D      | 10 26   |  |
| AIR   | Pass   | 10:36pm |  |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:36pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:36pm<br>10:36pm |

Preventive Maintenance Status: Pass

Anglyet

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County <u>H</u>  | ECKLENBURG   | Instrument Locat       | ion BATMO                | BILE UNIT  |
|--|--|------------------------|--------------------------|--|
| Instrument Seri  | ial No. 008647   |                        | CHARLO                   | BILE UNIT S<br>TE, NC                              |
|  |  |                        |                          |  |
| The preventive four months are   | maintenance procedures for the In  | toximeters, Model II   | ntox EC/IR II to be foll | owed at least once every                           |
| 1.   | Verify the ethanol gas canister d<br>34 degrees, plus or minus .2 deg                                      |                        | the alcoholic breath sin | nulator thermometer show                           |
| 2.   | Verify instrument displays time  | and date;              |                          |  |
| 3.   | Initiate breath test sequence;   |                        | ·                        | **************************************             |
| 4.   | Enter information as prompted;   |                        |                          | •  |
| 5.   | Verify instrument accuracy;  | •                      |                          | ,  |
| 6.   | When "PLEASE BLOW" appear  | ars, collect breath sa | mple;                    |  |
| 7.   | When "PLEASE BLOW" appear  | ars, collect breath sa | mple;                    |  |
| 8.   | Print test record;   |                        | ·                        |  |
| 9.   | Verify Diagnostic Program; and   |                        |                          |  |
| 10.  | Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.                 |                        |                          |  |
| procedures wer   | the <u>26</u> day of <u>0</u><br>re performed on the instrument indi<br>Health and Human Services, and the | cated above, in acco   | rdance with current reg  | ng preventive maintenance<br>gulations of the N.C. |
| THE STATE OF VANDA PROPERTY OF THE STATE OF THE STA | all x  | ature of Certifying O  |                          | 648  |

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/26/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203903 Exp Date: 02/08/2014

| Test                | g/210L     | Time               |
|---------------------|------------|--------------------|
| DIAG<br>AIR BLK     | Pass       | 10:28pm<br>10:29pm |
| ACCY CHK<br>AIR BLK | .07<br>.00 | 10:30pm<br>10:31pm |
| SUB TEST            | .00        | 10:31pm            |
| AIR BLK             | .00        | 10:32pm            |
| SUB TEST            | .00        | 10:34pm            |
| AIR BLK             | .00        | 10:35pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Celle Ry Bens Analyst

#### MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 10/26/2013

Test Record Number: 1823 Test Time: 10:36pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:37pm |
| FLO  | Pass   | 10:37pm |
| FC   | Pass   | 10:37pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:37pm |
| SRC  | Pass   | 10:37pm |
| DET  | Pass   | 10:37pm |
| BAR  | Pass   | 10:37pm |
| BT   | Pass   | 10:37pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:38pm |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 10:38pm            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 10:38pm<br>10:38pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M   | Instrument Location Montgomery Co. Jail  |
|--|--|
| Instrument So  | erial No. 008709 TROY NC   |
| The prevention four months a   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
|  | on the 3/ day of OCTOBER, 20/3 the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.  |
| STATE OUR TO THE STATE OF THE STATE OF THE STATE OUR TO S | CAROLLE STATE OF THE STATE OF T |

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

| Test                                   | g/210L             | Time                                     |
|--|--------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 11:27am<br>11:28am<br>11:28am<br>11:29am |
| SUB TEST                               | .00                | 11:30am                                  |
| AIR BLK                                | .00                | 11:31am                                  |
| SUB TEST                               | .00                | 11:33am                                  |
| AIR BLK                                | .00                | 11:34am                                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 10/31/2013

Test Record Number: 789 Test Time: 11:35am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:35am |
| FLO  | Pass   | 11:35am |
| FC.  | Pass   | 11:35am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:35am |
| SRC  | Pass   | 11:35am |
| DET  | Pass   | 11:35am |
| BAR  | Pass   | 11:35am |
| BT   | Pass   | 11:35am |

#### Blank Tests

| Test | Status | Time |  |
|------|--------|------|--|
|      |        |      |  |

AIR Pass 11:36am

#### Printer Tests

| Test | Status | Time |
|------|--------|------|
| Test | Status | Time |

| PRNT | • | Pass | 11:36am |
|------|---|------|---------|
|      |   |      |         |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 11:36am |
| CAL  | Pass   | 11:36am |

11:36am

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ma   | NISOMERY Instrument Location MONICO  | omery Co. JAIL   |
|---|--|--|
| Instrument Seri   | al No. 008721 TROY NC  |  |
| The preventive four months are                          | maintenance procedures for the Intoximeters, Model Intox EC/IR II to b   | e followed at least once every                             |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;   | ath simulator thermometer show                             |
| 2.  | Verify instrument displays time and date;  |  |
| 3.  | Initiate breath test sequence;   |  |
| 4.  | Enter information as prompted;   |  |
| 5.  | Verify instrument accuracy;  | ÷  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 8.  | Print test record;   |  |
| 9.  | Verify Diagnostic Program; and   |  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.                               |  |
| I certify that on<br>procedures were<br>Department of I | the <u>31</u> day of <u>OCTOBER</u> , 20 13 the foreperformed on the instrument indicated above, in accordance with current lealth and Human Services, and the instrument is functioning properly. | orgoing preventive maintenance ent regulations of the N.C. |
|   |  |  |
| STATE OF A  | OPER CAROL   |  |
| AMIL 12, 1724   | Signature of Certifying Official   | 37/<br>Certificate Number                                  |

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2013-08/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206603 Exp Date: 03/06/2014

| Test  | g/210L                           | Time   |
|---|----------------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST<br>AIR BLK | Pass<br>.00<br>.08<br>.00<br>.00 | 11:25am<br>11:26am<br>11:27am<br>11:27am<br>11:28am<br>11:29am |
| SUB TEST  | .00                              | 11:31am  |
| AIR BLK   | .00                              | 11:32am  |

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 10/31/2013

Test Record Number: 873
Test Time: 11:34am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:34am |
| FLO  | Pass   | 11:34am |
| FC   | Pass   | 11:35am |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 11:35am |
| SRC  | Pass   | 11:35am |
| DET  | Pass   | 11:35am |
| BAR  | Pass   | 11:35am |
| BT   | Pass   | 11:35am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:35am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 11:35am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 11:35am |

Preventive Maintenance Status: Pass

Pass

CAL

11:35am

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | Play   | Instrument Location ISAT WOS  | Le LW. T#5  |
|--|--|---|---|
| Instrument Se  | rial No. <u>008698</u>   | GREENV  | lice  |
| The preventive four months a   | •  | ximeters, Model Intox EC/IR II to be for  | ollowed at least once every                         |
| 1.   | Verify the ethanol gas canister disparted at the second se | plays pressure, or the alcoholic breath se centigrade;                              | simulator thermometer shows                         |
| 2.   | Verify instrument displays time an   | id date;  |   |
| 3.   | Initiate breath test sequence;   |   |   |
| 4.   | Enter information as prompted;   |   |   |
| 5.   | Verify instrument accuracy;  |   |   |
| 6.   | When "PLEASE BLOW" appears   | s, collect breath sample;   |   |
| 7.   | When "PLEASE BLOW" appears   | s, collect breath sample;   |   |
| 8.   | Print test record;   |   |   |
| 9.   | Verify Diagnostic Program; and   |   |   |
| 10.  |  | r is being changed before expiration da<br>d every four months or after 125 Alcoh   |   |
|  | on the 3/ day of 07<br>ere performed on the instrument indica<br>f Health and Human Services, and the  | the forgonted above, in accordance with current instrument is functioning properly. | oing preventive maintenance regulations of the N.C. |
|  |  |   |   |
| STATE OF STA | NO PLANTAGE OF THE PARTY OF THE |   |   |
| And the second   | Le Signature   | ure of Certifying Official  | Certificate Number                                  |
|  | Signati  | no or cornitying ornivial   | Continuate Mulliper                                 |

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698

Test Record Number: 1017

Test Date: 10/31/2013

Test Time: 10:09pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:09pm |
| FLO  | Pass   | 10:09pm |
| FC   | Pass   | 10:09pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 10:10pm                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
|      |        |         |
| ATR  | Pass   | 10:10pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:10pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:10pm |
| CAL  | Pass   | 10:10pm |

Preventive Maintenance Status: Pass

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008698 Test Date: 10/31/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
09/01/2013-09/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG305202 Exp Date: 02/21/2015

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 9:54pm  |
| AIR BLK  | .00    | 9:55pm  |
| ACCY CHK | .07    | 9:55pm  |
| AIR BLK  | .00    | 9:56pm  |
| SUB TEST | .00    | 9:57pm  |
| AIR BLK  | .00    | 9:58pm  |
| SUB TEST | .00    | 9:59pm  |
| AIR BLK  | .00    | 10:00pm |

Repeated AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County P  | TT Co Instrument Location BAT MIOBILE Low, T.   |
|---|---|
| Instrument Seri   | al No. 008600 GREENVILLE  |
| The preventive four months are  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every  |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.        |
| I certify that on<br>procedures wer<br>Department of  | the 3/ day of 00/08/00, 20/3 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| ORME STATE OF THE | Signature of Certifying Official Certificate Number   |

#### PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600

Test Record Number: 1295

Test Date: 10/31/2013

Test Time: 10:02pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:02pm |
| FLO  | Pass   | 10:02pm |
| FC   | Pass   | 10:02pm |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 10:02pm<br>10:02pm<br>10:02pm<br>10:02pm<br>10:02pm |
|                                |                                      | <u>L</u>  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ΛTD  | Dagg   | 10.03pm |

#### Printer Tests

| Test | Status | Time    |
|------|--------|---------|
| PRNT | Pass   | 10:03pm |

#### CRC Tests

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:03pm |
| CAL  | Pass   | 10:03pm |

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008600 Test Date: 10/31/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203102

Exp Date: 01/31/2014

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 9:51pm<br>9:52pm<br>9:53pm |
| AIR BLK SUB TEST            | .00                | 9:54pm<br>9:54pm           |
| AIR BLK                     | .00                | 9:55pm                     |
| SUB TEST<br>AIR BLK         | .00<br>.00         | <b>9:57pm</b> 9:58pm       |

Reported AC: .00 g/210L

gnature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | Instrument Location ISA MOBILE (4)   |
|---|--|
| Instrument  | Serial No. 008788 Gntenville   |
| The prevent   | tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                     |
|   | t on the 31 day of 0 day of , 20/3 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. tof Health and Human Services, and the instrument is functioning properly. |
| STAR 12 CHEAT STAR CONTROL OF | Signature of Certifying Official Certificate Number  |

# PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788
Test Date: 10/31/2013

Test Record Number: 873
Test Time: 10:03pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 10:03pm |
| FLO  | Pass   | 10:03pm |
| FC   | Pass   | 10:03pm |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:03pm |
| SRC  | Pass   | 10:03pm |
| DET  | Pass   | 10:03pm |
| BAR  | Pass   | 10:03pm |
| BT   | Pass   | 10:03pm |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:04pm |

#### Printer Tests

| rest | Status    | TIME    |
|------|-----------|---------|
| PRNT | Pass      | 10:04pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 10:04pm |
| CAL  | Pass   | 10:04pm |

Preventive Maintenance Status: Pass

Analyst

PITT COUNTY BAT MOBILE UNIT 5 730

Serial Number: 008788 Test Date: 10/31/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E

Effective:

09/01/2013-09/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309101 Exp Date: 04/01/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:53pm |
| AIR BLK  | .00    | 9:54pm |
| ACCY CHK | .07    | 9:54pm |
| AIR BLK  | .00    | 9:55pm |
| SUB TEST | .00    | 9:56pm |
| AIR BLK  | .00    | 9:57pm |
| SUB TEST | .00    | 9:58pm |
| ATR BLK  | .00    | 9:59pm |

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County  | KANEY Co. Instrument Location BAT Mobile Chart 4  |
|---|---|
| Instrumen   | Serial No. <u>(2088 7)</u>  |
| The preve   | ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;   |
| 3.  | Initiate breath test sequence;  |
| 4.  | Enter information as prompted;  |
| 5.  | Verify instrument accuracy;   |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.  | Print test record;  |
| 9.  | Verify Diagnostic Program; and  |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first. |
|   | on the  |
| COLAT COLOT COLAT COLOT COLAT COLOT COLAT COLOT COLAT | Signature of Certifying Official Certificate Number   |

CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 10/14/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test     | 3/510P | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 7:40pm |
| AIR BLK  | .00    | 7:41pm |
| ACCY CHK | . 07   | 7:42pm |
| AIR BLK  | .00    | 7:42pm |
| SUB TEST | .00    | 7:43pm |
| AIR BLK  | .00    | 7:44pm |
| SUB TEST | .00    | 7:46pm |
| AIR BLK  | .00    | 7:46pm |

Reported AC: .90 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 4 240

Serial Number: 008871 Test Date: 10/14/2013 Test Record Number: 701
Test Time: 7:48pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 7:48pm |
| FLO  | Pass   | 7:48pm |
| FC   | Pass   | 7:48pm |

### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 7:49pm  |
| SRC  | Pass   | 7:49 pm |
| DET  | Pass   | 7:49pm  |
| BAR  | Pass   | 7:49pm  |
| BT   | Pass   | 7:49pm  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 7:49 cm |

#### Printer Tests

Status

Test

Time

| PRNT        | Pass         | 7:49pm           |
|-------------|--------------|------------------|
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 7:49pm<br>7:49pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_                          | Wayne Co. Instrument Location BAT Mobile Un. 74  |
|----------------------------------|--|
| Instrume                         | ent Serial No  |
| The previous four more           | ventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every nths are:   |
| 1.                               | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                               | Verify instrument displays time and date;  |
| 3.                               | Initiate breath test sequence;   |
| 4.                               | Enter information as prompted;   |
| , <b>5.</b>                      | Verify instrument accuracy;  |
| 6.                               | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                               | When "PLEASE BLOW" appears, collect breath sample;   |
| . 8.                             | Print test record;   |
| 9.                               | Verify Diagnostic Program; and   |
| 10.                              | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
| I certify<br>procedur<br>Departm | that on the  |
| STATE OREATED STATES             | STATE OF THE RELATIONS OF THE PARTY OF THE P |

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902

Exp Date: 02/08/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:27pm |
| AIR BLK  | .00    | 9:28pm |
| ACCY CHK | .07    | 9:28pm |
| AIR BLK  | .00    | 9:29pm |
| SUB TEST | .00    | 9:30pm |
| AIR BLK  | .00    | 9:31pm |
| SUB TEST | .00    | 9:32pm |
| AIR BLK  | .00    | 9:33pm |

Chemical Analyst gnature

Court CVR

Analyst

### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008871 Test Date: 10/04/2013

Test Record Number: 698 Test Time: 9:34pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:35pm |
| FLO  | Pass   | 9:35pm |
| FC   | Pass   | 9:35pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:35pm |
| SRC  | Pass   | 9:35pm |
| DET  | Pass   | 9:35pm |
| BAR  | Pass   | 9:35pm |
| BT   | Pass   | 9:35pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:36pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:36pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:36pm |
| CAL  | Pass   | 9:36pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County /  | Instrument Location BAT Makile Uly . 14  |
|---|--|
| Instrument Se   | rial No. 00\$711   |
| The preventiv   | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|   | on the   |
| THE STATE OF THE CORE AND THE CORE AND THE CORE CHILD AND THE CHILD AND THE CORE CHILD AND THE CORE CHILD AND THE CHILD AND | Signature of Certifying Official Certificate Number  |

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test     | g/210L | Time     |
|----------|--------|----------|
| DIAG     | Pass   | 9:39pm   |
| AIR BLK  | .00    | 9:40pm   |
| ACCY CHK | .07    | 9:41pm   |
| AIR BLK  | .00    | 9:41pm   |
| SUB TEST | .00    | 9:42pm   |
| AIR BLK  | .00    | 9:43pm   |
| SUB TEST | .00    | 9:45pm   |
| ATR RIK  | 0.0    | 9 · 46nm |

Signature of Chemical Analyst'

Court CVR

Analyst

#### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008717

Test Record Number: 392

Test Date: 10/04/2013

Test Time: 9:47pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:48pm |
| FLO  | Pass   | 9:48pm |
| FC   | Pass   | 9:48pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:48pm |
| SRC  | Pass   | 9:48pm |
| DET  | Pass   | 9:48pm |
| BAR  | Pass   | 9:48pm |
| BT   | Pass   | 9:48pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:49pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:49pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:49pm |
| CAL  | Pass   | 9:49pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County (   | AYME Co. Instrument Location BAT Mbble Unit 4  |
|--|--|
| Instrument Ser   | rial No. 008/34  |
| The preventive four months ar  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| procedures we  | n the  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008734 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test     | g/210L | Time     |
|----------|--------|----------|
| DIAG     | Pass   | 9:29pm   |
| AIR BLK  | .00    | 9:30pm   |
| ACCY CHK | . 0.7  | 9:31pm   |
| AIR BLK  | .00    | 9:32pm   |
| SUB TEST | .00    | 9:32pm   |
| AIR BLK  | .00    | 9:33pm   |
| SUB TEST | .00    | 9:35pm   |
| ATR BLK  | . 0.0  | 9 · 36pm |

Reported Ac:

ر 2101/حور 00ر…

Signature of Chemical Analyst

Court CVR

Anályst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### WAYNE COUNTY BAT MOBILE UNIT 4 950

Serial Number: 008734 Test Date: 10/04/2013

Test Record Number: 744
Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:37pm |
| FLO  | Pass   | 9:37pm |
| FC   | Pass   | 9:37pm |

### Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1<br>SRC | Pass<br>Pass | 9:37pm<br>9:37pm |
| DET        | Pass         | 9:37pm           |
| BAR        | Pass         | 9:37pm           |
| BT         | Pass         | 9:37pm           |

### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:38pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:38pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:38pm |
| CAL  | Pass   | 9:38pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County   | DISTORES Instrument Location BAT 11/6  | ble Chart of   |
|--|--|--|
| Instrument Se  | erial No. <u>008439</u>  | ·  |
| The preventive four months a   | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be   | followed at least once every                                 |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;  | h simulator thermometer show                                 |
| 2.   | Verify instrument displays time and date;  |  |
| 3.   | Initiate breath test sequence;   |  |
| 4.   | Enter information as prompted;   |  |
| 5.   | Verify instrument accuracy;  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 8.   | Print test record;   |  |
| 9.   | Verify Diagnostic Program; and   |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first. | date, or the alcoholic breath oholic Breath Simulator tests, |
|  | on the   | going preventive maintenance<br>t regulations of the N.C.    |
| THE STATE OF THE S | Signature of Certifying Official   | Cartificate Number   |

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 9:34pm<br>9:35pm |
| ACCY CHK        | .07    | 9:35pm           |
| AIR BLK         | .00    | 9:36pm           |
| SUB TEST        | .00    | 9:37pm           |
| AIR BLK         | .00    | 9:38pm           |
| SUB TEST        | .00    | 9:40pm           |
| AIR BLK         | .00    | 9:41pm           |

Signature of Chemical Analyst

Court CVR

Analyst

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Test Record Number: 704
Test Time: 9:42pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:42pm |
| FLO  | Pass   | 9:42pm |
| FC   | Pass   | 9:42pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 9:42pm |
| SRC  | Pass   | 9:42pm |
| DET  | Pass   | 9:42pm |
| BAR  | Pass   | 9:42pm |
| BT   | Pass   | 9:42pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:43pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:43pm |

#### CRC Tests

| rest | Status | TIME   |
|------|--------|--------|
| COMP | Pass   | 9:43pm |
| CAL  | Pass   | 9:43pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County_               | ONSlow Instrument Location BAT Wabile Unity   |
|-----------------------|---|
| Instrume              | nt Serial No. <u>008434</u>   |
| The prevenue four mon | entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:  |
| 1.                    | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                    | Verify instrument displays time and date;   |
| 3.                    | Initiate breath test sequence;  |
| 4.                    | Enter information as prompted;  |
| 5.                    | Verify instrument accuracy;   |
| 6.                    | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                    | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                    | Print test record;  |
| 9.                    | Verify Diagnostic Program; and  |
| 10.                   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  |
| procedure             | hat on theday of  |
| THE CREAT SE          | TATE OF THE STATE |
|                       | Signature of Certifying Official Certificate Number   |

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 10/25/2013

Citation Number: M0000000-0

Subject's Name:

PREENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2012-02/01/2014

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 9:30pm |
| AIR BLK  | .00    | 9:31pm |
| ACCY CHK | .08    | 9:31pm |
| AIR BLK  | .00    | 9:32pm |
| SUB TEST | .00    | 9:33pm |
| AIR BLK  | .00    | 9:34pm |
| SUB TEST | .00    | 9:35pm |
| AIR BLK  | .00    | 9:36pm |

Reported AC: .00

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008734 Test Date: 10/25/2013

Test Record Number: 748
Test Time: 9:37pm EDT

System Check: Passed

#### Baseline Tests

| Status | Time             |
|--------|------------------|
| Pass   | 9:37pm           |
|        | 9:37pm<br>9:37pm |
|        | _                |

#### Temperature Tests

| Test          | Status | Time   |
|---------------|--------|--------|
| FC1           | Pass   | 9:37pm |
| SRC           | Pass   | 9:37pm |
| DET           | Pass   | 9:37pm |
| BAR           | Pass   | 9:37pm |
| $\mathtt{BT}$ | Pass   | 9:37pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 9:38pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 9:38pm |
|      | CRC Tests |        |

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 9:38pm |
| CAL  | Pass   | 9:38pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County                       | 15/000 Instrument Location BAT Mobile 1/11/4  |
|------------------------------|---|
| Instrument Se                | erial No. <u>0088/1</u>   |
| The preventive four months a | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:  |
| 1.                           | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;  |
| 2.                           | Verify instrument displays time and date;   |
| 3.                           | Initiate breath test sequence;  |
| 4.                           | Enter information as prompted;  |
| 5.                           | Verify instrument accuracy;   |
| 6.                           | When "PLEASE BLOW" appears, collect breath sample;  |
| 7.                           | When "PLEASE BLOW" appears, collect breath sample;  |
| 8.                           | Print test record;  |
| 9.                           | Verify Diagnostic Program; and  |
| 10.                          | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                |
| procedures w                 | on the Abra day of Araber, 20/3 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| W. MALID SEE A.              | Signature of Certifying Official Certificate Number   |

ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2012-02/01/2014

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG203902 Exp Date: 02/08/2014

| Test   | g/210L                           | Time  |
|--|----------------------------------|---|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK | Pass<br>.00<br>.07<br>.00<br>.00 | 9:34pm<br>9:35pm<br>9:35pm<br>9:36pm<br><b>9:37pm</b><br>9:38pm |
| SUB TEST                                       | .00                              | 9:40pm  |
| AIR BLK  | .00                              | 9:41pm  |

Reported AC . 00 g/21

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ONSLOW COUNTY BAT MOBILE UNIT 4 660

Serial Number: 008871 Test Date: 10/25/2013

Test Record Number: 704
Test Time: 9:42pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 9:42pm |
| FLO  | Pass   | 9:42pm |
| FC   | Pass   | 9:42pm |

## Temperature Tests

| Test       | Status       | Time             |
|------------|--------------|------------------|
| FC1<br>SRC | Pass<br>Pass | 9:42pm<br>9:42pm |
| DET        | Pass         | 9:42pm           |
| BAR        | Pass         | 9:42pm           |
| BT         | Pass         | 9:42pm           |

#### Blank Tests

| Test | Status | Time            |
|------|--------|-----------------|
| AIR  | Pass   | 9:4 <b>3</b> pm |

#### Printer Tests

| rest | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 9:43pm |
|      |        |        |

#### CRC Tests

|  | 9:43pm<br>9:43pm |
|--|------------------|

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETE  | ks, MODEL INTOX EC/IR  | . 11  |
|--|---|--|---|
| County 41  | ery   | Instrument Location <u>Banner</u>  | FIK PD  |
| •  | /   | Banner   | EK, NC.   |
| The preventive four months are   |   | toximeters, Model Intox EC/IR II to be fo  | ollowed at least once every                         |
| 1.   | Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg   | lisplays pressure, or the alcoholic breath stree centigrade;                           | simulator thermometer show                          |
| 2.   | Verify instrument displays time   | and date;  |   |
| 3.   | Initiate breath test sequence;  |  |   |
| 4.   | Enter information as prompted;  |  |   |
| 5.   | Verify instrument accuracy;   |  |   |
| 6.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |   |
| 7.   | When "PLEASE BLOW" appe   | ars, collect breath sample;  |   |
| 8.   | Print test record;  |  |   |
| 9.   | Verify Diagnostic Program; and  | I  |   |
| 10.  |   | ster is being changed before expiration da<br>ged every four months or after 125 Alcoh |   |
| I certify that on<br>procedures wer<br>Department of   | the <u>2/</u> day of <u>0 &lt; 7</u><br>re performed on the instrument indi<br>Health and Human Services, and the | cated above, in accordance with current rate instrument is functioning properly.       | oing preventive maintenance regulations of the N.C. |
| THE STATE OF THE S | Non CAROLLINA Sion  | ature of Certifying Official   | 649<br>Certificate Number                           |
|  | 3-20000000 015111   |  | Continuate Humber                                   |

AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Date: 10/21/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

| Test   | g/210L                    | Time   |
|--|---------------------------|--|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK<br>SUB TEST | Pass<br>.00<br>.07<br>.00 | 10:56am<br>10:57am<br>10:57am<br>10:58am<br><b>10:59am</b> |
| AIR BLK  | .00                       | 11:00am  |
| SUB TEST   | .00                       | 11:01am  |
| AIR BLK  | .00                       | 11:02am  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### AVERY COUNTY BANNER ELK PD 050

Serial Number: 008724 Test Record Number: 335 Test Date: 10/21/2013 Test Time: 11:03am EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 11:03am |
| FLO  | Pass   | 11:03am |
| FC   | Pass   | 11:03am |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 11:03am                      |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 11:04am |

#### Printer Tests

| Test        | Status       | Time               |
|-------------|--------------|--------------------|
| PRNT        | Pass         | 11:04am            |
|             | CRC Tests    |                    |
| Test        | Status       | Time               |
| COMP<br>CAL | Pass<br>Pass | 11:04am<br>11:04am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Hen   | derson Instrument Location Henderson Co Detention  |  |
|--|--|--|
| Instrument Seria   | al No. 008806 Instrument Location Henderson Co Detention  Henderson Ville, NC  |  |
|  |  |  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |  |
| 2.   | Verify instrument displays time and date;  |  |
| 3.   | Initiate breath test sequence;   |  |
| 4.   | Enter information as prompted;   |  |
| 5.   | Verify instrument accuracy;  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |
| 8.   | Print test record;   |  |
| 9.   | Verify Diagnostic Program; and   |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |  |
|  | the  |  |
|  |  |  |
| OF THE STATE OF TH |  |  |
|  |  |  |
|  |  |  |
| Fire QUAM VIDER  | 649  |  |
| N.   | Signature of Certifying Official Certificate Number  |  |

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806 Test Date: 10/17/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11034E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG206102

Exp Date: 03/01/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:54pm<br>1:55pm |
| ACCY CHK        | .07    | 1:56pm           |
| AIR BLK         | .00    | 1:57pm           |
| SUB TEST        | .00    | 1:58pm           |
| AIR BLK         | .00    | 1:58pm           |
| SUB TEST        | .00    | 2:00pm           |
| AIR BLK         | .00    | 2:01pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

#### HENDERSON COUNTY DENTENTION 440

Serial Number: 008806

Test Record Number: 1443

Test Date: 10/17/2013

Test Time: 2:03pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 2:03pm<br>2:03pm |
| FC        | Pass         | 2:03pm           |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:04pm |
| SRC  | Pass   | 2:04pm |
| DET  | Pass   | 2:04pm |
| BAR  | Pass   | 2:04pm |
| BT   | Pass   | 2:04pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:04pm |

#### Printer Tests

| rest | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:04pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:04pm |
| CAL  | Pass   | 2:04pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County //e   | Instrument Location Henclerson Co Detention  |
|--|--|
| Instrument Se  | erial No. 008822 Headersonville, NC  |
| The preventiv  | re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.   |
|  | on the   |
| STATE OF STA | ONO PLANT CAROLING TO THE PARTY OF THE PARTY |
| * ESSE QUAM VID  | 649  |
|  | Signature of Certifying Official Certificate Number  |

HENDERSON COUNTY DETENTION 440

Serial Number: 008822 Test Date: 10/17/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG200401 Exp Date: 01/04/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 1:58pm<br>1:59pm |
| ACCY CHK        | .07    | 2:00pm           |
| AIR BLK         | .00    | 2:01pm           |
| SUB TEST        | .00    | 2:01pm           |
| AIR BLK         | .00    | 2:02pm           |
| SUB TEST        | .00    | 2:05pm           |
| AIR BLK         | .00    | 2:06pm           |
|                 |        |                  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### HENDERSON COUNTY DETENTION 440

Serial Number: 008822

Test Record Number: 1482

Test Date: 10/17/2013 Test Time: 2:09pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:09pm |
| FLO  | Pass   | 2:09pm |
| FC   | Pass   | 2:09pm |

### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:09pm |
| SRC  | Pass   | 2:09pm |
| DET  | Pass   | 2:09pm |
| BAR  | Pass   | 2:09pm |
| BT   | Pass   | 2:09pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:10pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 2:10pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 2:10pm |
| CAL  | Pass   | 2:10pm |

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County $B_{\ell}$  | Instrument Location Morgan ton D.P.S   |
|--|--|
| Instrument Ser   | rial No. 008904 Instrument Location Morgan ton D.P.S  Morgan ton NC  |
| The preventive four months as  | e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that or<br>procedures we<br>Department of  | n the  |
| STATE  |  |
| CORPATION OF THE PROPERTY OF T |  |
| FITE QUAM VIDE   | July 649   |
|  | Signature of Certifying Official Certificate Number  |

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 10/16/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

| Test                                   | g/210L             | Time                                 |
|--|--------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass<br>.00<br>.08 | 4:38pm<br>4:39pm<br>4:39pm<br>4:40pm |
| SUB TEST                               | .00                | 4:41pm                               |
| AIR BLK                                | .00                | 4:42pm                               |
| SUB TEST                               | .00                | 4:43pm                               |
| AIR BLK                                | .00                | 4:44pm                               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 1316 Test Date: 10/16/2013 Test Time: 4:45pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR        | Pass         | 4:46pm           |
| FLO<br>FC | Pass<br>Pass | 4:46pm<br>4:46pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:46pm |
| SRC  | Pass   | 4:46pm |
| DET  | Pass   | 4:46pm |
| BAR  | Pass   | 4:46pm |
| BT   | Pass   | 4:46pm |
|      |        |        |

#### Blank Tests

| rest | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:47pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:47pm |
|      | CRC Tests |        |

| Test        | Status       | Time             |
|-------------|--------------|------------------|
| COMP<br>CAL | Pass<br>Pass | 4:47pm<br>4:47pm |
| CAL         | rass         | 4:4/pm           |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|
| 11 Ke Instrument Location Morgan ton DPS.  |
| Instrument Location Morganton DPS.  al No. 008831 Morganton, NC  |
| maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| Verify instrument displays time and date;  |
| Initiate breath test sequence;   |
| Enter information as prompted;   |
| Verify instrument accuracy;  |
| When "PLEASE BLOW" appears, collect breath sample;   |
| When "PLEASE BLOW" appears, collect breath sample;   |
| Print test record;   |
| Verify Diagnostic Program; and   |
| Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| the  |
| Signature-of Certifying Official  Certificate Number   |
|  |

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831 Test Date: 10/16/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG204602 Exp Date: 02/15/2014

| Test            | g/210L | Time             |
|-----------------|--------|------------------|
| DIAG<br>AIR BLK | Pass   | 4:38pm<br>4:39pm |
| ACCY CHK        | .08    | 4:40pm           |
| AIR BLK         | .00    | 4:41pm           |
| SUB TEST        | .00    | 4:42pm           |
| AIR BLK         | .00    | 4:43pm           |
| SUB TEST        | .00    | 4:44pm           |
| AIR BLK         | .00    | 4:45pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### BURKE COUNTY MORGANTON DPS 110

Serial Number: 008831

Test Record Number: 1283

Test Date: 10/16/2013 Test Time: 4:46pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time -           |
|-----------|--------------|------------------|
| IR<br>FLO | Pass<br>Pass | 4:47pm           |
| FC        | Pass<br>Pass | 4:47pm<br>4:47pm |

#### Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 4:47pm<br>4:47pm<br>4:47pm<br>4:47pm<br>4:47pm |
|                                | 1 000                                | / Pill   |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:47pm |

#### Printer Tests

|      | ~~ .   |        |
|------|--------|--------|
| PRNT | Pass   | 4:47pm |
| Test | Status | Time   |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:48pm |
| CAL  | Pass   | 4:48pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Mi+                        | chell Instrument Location Sprice Dine PD   |
|-----------------------------------|--|
| Instrument Seria                  | Instrument Location Sprice Dine PD  I No. 008726 Sprice Pine, NC   |
| The preventive r four months are: | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.                                | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.                                | Verify instrument displays time and date;  |
| 3.                                | Initiate breath test sequence;   |
| 4.                                | Enter information as prompted;   |
| 5.                                | Verify instrument accuracy;  |
| 6.                                | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.                                | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.                                | Print test record;   |
| 9.                                | Verify Diagnostic Program; and   |
| 10.                               | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|                                   | the  |
| OF THE STATE OF N                 | Signature of Certifying Official Certificate Number  |

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 10/15/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

| Test                | g/210L     | Time             |
|---------------------|------------|------------------|
| DIAG<br>AIR BLK     | Pass       | 4:02pm<br>4:02pm |
| ACCY CHK            | .08        | 4:03pm           |
| AIR BLK<br>SUB TEST | .00<br>.00 | 4:04pm<br>4:04pm |
| AIR BLK             | .00        | 4:05pm           |
| SUB TEST            | .00        | 4:07pm           |
| AIR BLK             | .00        | 4:07pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726

Test Record Number: 633

Test Date: 10/15/2013

Test Time: 4:08pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time , |
|------|--------|--------|
| IR   | Pass   | 4:08pm |
| FLO  | Pass   | 4:08pm |
| FC   | Pass   | 4:08pm |

#### Temperature Tests

| FC1 Pass                   |                                      |
|----------------------------|--------------------------------------|
| SRC Pass DET Pass BAR Pass | 4:08pm<br>4:08pm<br>4:08pm<br>4:08pm |
| BT Pass                    | 4:08pm                               |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:09pm |

#### Printer Tests

| rest | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:09pm |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:09pm |
| CAL  | Pass   | 4:09pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County A Ve   | Instrument Location Avery Co. Jail   |
|---|--|
| Instrument Seria  | Instrument Location Avery Co. Jail  No. 008664  Newland, NC  |
| The preventive r four months are:   | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on t<br>procedures were<br>Department of H   | the  |
| OF ME STATE OF N. | Signature of Certifying Official Certificate Number  |

AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/14/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG200401 Exp Date: 01/04/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 4:31pm |
| AIR BLK  | .00    | 4:32pm |
| ACCY CHK | .07    | 4:33pm |
| AIR BLK  | .00    | 4:34pm |
| SUB TEST | .00    | 4:34pm |
| AIR BLK  | .00    | 4:35pm |
| SUB TEST | .00    | 4:37pm |
| AIR BLK  | .00    | 4:38pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Sanalyst

#### AVERY COUNTY AVERY COUNTY JAIL 050

Serial Number: 008664 Test Date: 10/14/2013

Test Record Number: 587
Test Time: 4:39pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:39pm |
| FLO  | Pass   | 4:39pm |
| FC   | Pass   | 4:39pm |

#### Temperature Tests

| Test                     | Status                       | Time                                 |
|--------------------------|------------------------------|--------------------------------------|
| FC1<br>SRC<br>DET<br>BAR | Pass<br>Pass<br>Pass<br>Pass | 4:39pm<br>4:39pm<br>4:39pm<br>4:39pm |
| BT                       | Pass                         | 4:39pm                               |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
|      |        |        |
| AIR  | Pass   | 4:40pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:40pm |
| •    |        |        |

#### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 4:40pm |
| CAL  | Pass   | 4:40pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Calo   | dwell   | Instrument Location <u>Caldwell</u>   | Co. Jail   |
|---|---|---|--|
| Instrument Seria  | al No. 009803   | Instrument Location <u>Caldwell</u><br>Lenoir   | NC   |
| The preventive r four months are:                         |   | eximeters, Model Intox EC/IR II to be fol   | llowed at least once every                                 |
| 1.  | Verify the ethanol gas canister dis<br>34 degrees, plus or minus .2 degre                       | splays pressure, or the alcoholic breath si<br>ee centigrade;                           | mulator thermometer shows                                  |
| 2.  | Verify instrument displays time as  | nd date;  |  |
| 3.  | Initiate breath test sequence;  |   |  |
| 4.  | Enter information as prompted;  |   |  |
| 5.  | Verify instrument accuracy;   |   |  |
| 6.  | When "PLEASE BLOW" appear   | rs, collect breath sample;  |  |
| 7.  | When "PLEASE BLOW" appear   | s, collect breath sample;   |  |
| 8.  | Print test record;  |   |  |
| 9.  | Verify Diagnostic Program; and  |   |  |
| 10.   | Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.  | er is being changed before expiration date<br>ed every four months or after 125 Alcoho  | e, or the alcoholic breath<br>olic Breath Simulator tests, |
| I certify that on t<br>procedures were<br>Department of H | the 9 day of 0c to performed on the instrument indicated the lealth and Human Services, and the | the forgoi ated above, in accordance with current reinstrument is functioning properly. | ng preventive maintenance gulations of the N.C.            |
| THE STATE OF NO.  | CAROLINA SIGNATURE  | ure of Certifying Official  | Certificate Number   |

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 10/09/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200905 Exp Date: 01/09/2014

| Test            | g/210L      | Time             |
|-----------------|-------------|------------------|
| DIAG<br>AIR BLK | Pass<br>.00 | 4:12pm<br>4:13pm |
| ACCY CHK        | .07         | 4:13pm           |
| AIR BLK         | .00         | 4:14pm           |
| SUB TEST        | .00         | 4:15pm           |
| AIR BLK         | .00         | 4:16pm           |
| SUB TEST        | .00         | 4:17pm           |
| AIR BLK         | .00         | 4:18pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 320
Test Time: 4:20pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:20pm |
| FLO  | Pass   | 4:20pm |
| FC   | Pass   | 4:20pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:20pm |
| SRC. | Pass   | 4:20pm |
| DET  | Pass   | 4:20pm |
| BAR  | Pass   | 4:20pm |
| BT   | Pass   | 4:20pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:21pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:21pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| COMP | Pass | 4:21pm |
|------|------|--------|
| CAL  | Pass | 4:21pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County C.C.                                       | Idwell Instrument Location Caldwell Co Jail  |
|---|--|
| Instrument Seria                                  | Instrument Location Caldwell Co Jail al No. 008719 Lenoir, NC  |
| The preventive is four months are:                | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.  | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.  | Verify instrument displays time and date;  |
| 3.  | Initiate breath test sequence;   |
| 4.  | Enter information as prompted;   |
| 5.  | Verify instrument accuracy;  |
| 6.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.  | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.  | Print test record;   |
| 9.  | Verify Diagnostic Program; and   |
| 10.   | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on procedures were Department of H | the  |
| THE STATE OF A                                    | Signature of Certifying Official  Certificate Number   |

CALDWELL COUNTY CALDWELL COUNTY JAIL . 130

Serial Number: 008719 Test Date: 10/09/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG322601 Exp Date: 08/14/2015

| Test                | g/210L | Time             |
|---------------------|--------|------------------|
| DIAG<br>AIR BLK     | Pass   | 4:13pm<br>4:14pm |
| ACCY CHK            | .07    | 4:14pm           |
| AIR BLK<br>SUB TEST | .00    | 4:15pm<br>4:16pm |
| AIR BLK             | .00    | 4:17pm           |
| SUB TEST            | .00    | 4:18pm           |
| AIR BLK             | .00    | 4:19pm           |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1455

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:21pm |
| FLO  | Pass   | 4:21pm |
| FC   | Pass   | 4:21pm |

#### Temperature Tests

| Status | Time                         |
|--------|------------------------------|
| Pass   | 4:22pm                       |
|        | Pass<br>Pass<br>Pass<br>Pass |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:22pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 4:22pm |
|      | CRC Tests |        |
| Test | Status    | Time   |
| COMP | Pass      | 4:22pm |

4:22pm

Preventive Maintenance Status: Pass

Pass

Analyst

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Wata  | Instrument Location Watauga Co. Ja./   |  |  |  |  |
|--|--|--|--|--|--|
| Instrument Seria   | Instrument Location Watauga Co. Ja./  INo. 008715  Banc, Na  |  |  |  |  |
| ·  |  |  |  |  |  |
| The preventive r four months are:  | naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |  |  |  |  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |  |  |  |  |
| 2.   | Verify instrument displays time and date;  |  |  |  |  |
| 3.   | Initiate breath test sequence;   |  |  |  |  |
| 4.   | Enter information as prompted;   |  |  |  |  |
| 5.   | Verify instrument accuracy;  |  |  |  |  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |  |  |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |  |  |  |  |
| 8.   | Print test record;   |  |  |  |  |
| 9.   | Verify Diagnostic Program; and   |  |  |  |  |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                           |  |  |  |  |
|  | the <u>S</u> day of <u>Octobel</u> , 20 <u>13</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. fealth and Human Services, and the instrument is functioning properly. |  |  |  |  |
| THE STATE OF A THE ST | Signature of Gertlfying Official Certificate Number  |  |  |  |  |

WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715 Test Date: 10/08/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.07 | 5:49pm<br>5:50pm<br>5:51pm |
| AIR BLK                     | .00                | 5:52pm                     |
| SUB TEST                    | .00                | 5:52pm                     |
| AIR BLK                     | .00                | 5:53pm                     |
| SUB TEST                    | .00                | 5:55pm                     |
| AIR BLK                     | .00                | 5:56pm                     |
|                             |                    |                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY WATAUGA JAIL 940

Serial Number: 008715

Test Record Number: 1264

Test Date: 10/08/2013

Test Time: 5:57pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 5:57pm |
| FLO  | Pass   | 5:57pm |
| FC   | Pass   | 5:57pm |

#### Temperature Tests

| Test                           | Status                               | Time   |
|--------------------------------|--------------------------------------|--|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 5:57pm<br>5:57pm<br>5:57pm<br>5:57pm<br>5:57pm |
|                                |                                      |  |

#### Blank Tests

| Test | 1 | Status | Time     |
|------|---|--------|----------|
| ATR  |   | Pass   | 5 · 58pm |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 5:58pm |

## CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 5:58pm |
| CAL  | Pass   | 5:58pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Was   | tauga Instrument Location Boone, PD  |
|--|--|
| Instrument Serie   | Instrument Location Boone, PD al No. 008716  Boone, NC   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
|  | the  |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/07/2013

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
06/01/2013-06/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG309105 Exp Date: 04/01/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 4:41pm<br>4:42pm<br>4:42pm |
| AIR BLK                     | .00                | 4:43pm                     |
| SUB TEST                    | .00                | 4:43pm                     |
| AIR BLK                     | .00                | 4:44pm                     |
| SUB TEST                    | .00                | 4:46pm                     |
| AIR BLK                     | .00                | 4:47pm                     |
|                             |                    |                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### WATAUGA COUNTY BOONE P D 940

Serial Number: 008716 Test Date: 10/07/2013

Test Record Number: 1466
Test Time: 4:48pm EDT

System Check: Passed

### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 4:48pm |
| FLO  | Pass   | 4:48pm |
| FC   | Pass   | 4:48pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 4:48pm |
| SRC  | Pass   | 4:48pm |
| DET  | Pass   | 4:48pm |
| BAR  | Pass   | 4:48pm |
| BT   | Pass   | 4:48pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 4:49pm |

#### Printer Tests

| 1686        | Status       | TTIIIE           |
|-------------|--------------|------------------|
| PRNT        | Pass         | 4:49pm           |
|             | CRC Tests    |                  |
| Test        | Status       | Time             |
| COMP<br>CAL | Pass<br>Pass | 4:49pm<br>4:49pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Mag   | Instrument Location Mais Hill PD   |
|--|--|
| Instrument Seri  | al No. 008582 Mars Hill, NC  |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. |
| I certify that on<br>procedures were<br>Department of I  | the  |
| OF THE STATE OF TH | Signature of Certifying Official Certificate Number  |

#### MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/04/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2013-06/01/2015

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG303502 Exp Date: 02/04/2015

| Test                        | g/210L             | Time                       |
|-----------------------------|--------------------|----------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 3:10pm<br>3:11pm<br>3:12pm |
| AIR BLK                     | .00                | 3:13pm                     |
| SUB TEST                    | .00                | 3:13pm                     |
| AIR BLK                     | .00                | 3:14pm                     |
| SUB TEST                    | .00                | 3:16pm                     |
| AIR BLK                     | .00                | 3:17pm                     |
|                             |                    |                            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MADISON COUNTY MARS HILL PD 560

Serial Number: 008582 Test Date: 10/04/2013 Test Record Number: 964
Test Time: 3:18pm EDT

10,01,2013

System Check: Passed

#### Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 3:18pm |
| FLO  | Pass   | 3:18pm |
| FC   | Pass   | 3:19pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:19pm |
| SRC  | Pass   | 3:19pm |
| DET  | Pass   | 3:19pm |
| BAR  | Pass   | 3:19pm |
| BT   | Pass   | 3:19pm |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 3:19pm |

#### Printer Tests

| lest | Status | TTITE  |
|------|--------|--------|
| PRNT | Pass   | 3:19pm |

### CRC Tests

| Test | Status | Time   |
|------|--------|--------|
| COMP | Pass   | 3:20pm |
| CAL  | Pass   | 3:20pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County M   | lacon  | Instrument Location Macon  | Co. Jail   |
|--|--|--|--|
| Instrument So  | erial No. <u>008789</u>  | Franklin, NC   |  |
| The prevention four months   | ve maintenance procedures for the Into   | ximeters, Model Intox EC/IR II to be f   | ollowed at least once every                          |
| 1.   | Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre   | splays pressure, or the alcoholic breath<br>be centigrade;                         | simulator thermometer shows                          |
| 2.   | Verify instrument displays time a  | nd date;   |  |
| 3.   | Initiate breath test sequence;   |  |  |
| 4.   | Enter information as prompted;   |  |  |
| 5.   | Verify instrument accuracy;  |  |  |
| 6.   | When "PLEASE BLOW" appear  | s, collect breath sample;  |  |
| 7.   | When "PLEASE BLOW" appear  | s, collect breath sample;  |  |
| 8.   | Print test record;   |  |  |
| 9.   | Verify Diagnostic Program; and   |  |  |
| 10.  |  | er is being changed before expiration de<br>ed every four months or after 125 Alco |  |
| procedures v   | on the <u>ZZ</u> day of <u>Och</u><br>were performed on the instrument indica<br>of Health and Human Services, and the | ated above, in accordance with current   | going preventive maintenance regulations of the N.C. |
| STAT STATE OF STATE O | Carried &  | C Cuth   | 635  |
|  | /Signat  | ure of Certifying Official   | Certificate Number                                   |

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 10/22/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

| Test            | g/210L | Time               |
|-----------------|--------|--------------------|
| DIAG<br>AIR BLK | Pass   | 12:14pm<br>12:15pm |
| ACCY CHK        | .07    | 12:16pm            |
| AIR BLK         | .00    | 12:16pm            |
| SUB TEST        | .00    | 12:17pm            |
| AIR BLK         | .00    | 12:18pm            |
| SUB TEST        | .00    | 12:19pm            |
| AIR BLK         | .00    | 12:20pm            |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 354
Test Date: 10/22/2013 Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:21pm |
| FLO  | Pass   | 12:21pm |
| FC   | Pass   | 12:22pm |

#### Temperature Tests

| Test          | Status | Time    |
|---------------|--------|---------|
| FC1           | Pass   | 12:22pm |
| SRC           | Pass   | 12:22pm |
| DET           | Pass   | 12:22pm |
| BAR           | Pass   | 12:22pm |
| $\mathtt{BT}$ | Pass   | 12:22pm |
|               |        |         |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:22pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:22pm |
|      | CRC Tests |         |
| Test | Status    | Time    |
|      |           |         |

Preventive Maintenance Status: Pass

Pass

Pass

12:23pm

12:23pm

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County ///   | acon Instrument Location Macon Co. Tail  |
|--|--|
| Instrument S   | erial No. 008618 Franklin, NC  |
| The preventi   | ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:   |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.                                       |
|  | on the <u>ZZ</u> day of <u>October</u> , 20 <u>/Z</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Signature of Certifying Official Certificate Number  |

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/22/2013

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG300202 Exp Date: 01/02/2015

| Test                        | g/210L             | Time                          |
|-----------------------------|--------------------|-------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK | Pass<br>.00<br>.08 | 12:13pm<br>12:14pm<br>12:15pm |
| AIR BLK                     | .00                | 12:16pm                       |
| SUB TEST                    | .00                | 12:16pm                       |
| AIR BLK                     | .00                | 12:17pm                       |
| SUB TEST                    | .00                | 12:19pm                       |
| AIR BLK                     | .00                | 12:20pm                       |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 10/22/2013

Test Record Number: 1377
Test Time: 12:21pm EDT

System Check: Passed

#### Baseline Tests

| Test | Status | Time    |
|------|--------|---------|
| IR   | Pass   | 12:21pm |
| FLO  | Pass   | 12:21pm |
| FC   | Pass   | 12:21pm |

#### Temperature Tests

| Test                           | Status                               | Time  |
|--------------------------------|--------------------------------------|---|
| FC1<br>SRC<br>DET<br>BAR<br>BT | Pass<br>Pass<br>Pass<br>Pass<br>Pass | 12:21pm<br>12:21pm<br>12:21pm<br>12:21pm<br>12:21pm |
|                                | 1 0.55                               | -2.21 <u>P</u> III                                  |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 12:22pm |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 12:22pm |
|      | CRC Tests |         |

| Test | Status | Time    |
|------|--------|---------|
| COMP | Pass   | 12:22pm |
| CAL  | Pass   | 12:22pm |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|              | rial No. <u>OO &amp; 70 &amp; 8</u> ve maintenance procedures for the Indee:                  | ntoximeters, Model Intox EC/IR                                      | II to be followed at leas                              | t once every                          |
|--------------|---|---|--|---------------------------------------|
| 1.           | Verify the ethanol gas canister 34 degrees, plus or minus .2 de                               | displays pressure, or the alcoho gree centigrade;                   | lic breath simulator therr                             | nometer shows                         |
| 2.           | Verify instrument displays time   | e and date;   |  |                                       |
| 3.           | Initiate breath test sequence;  |   |  |                                       |
| 4.           | Enter information as prompted   | `<br>;  |  |                                       |
| 5.           | Verify instrument accuracy;   |   |  |                                       |
| 6.           | When "PLEASE BLOW" app  | ears, collect breath sample;  |  | •                                     |
| 7.           | When "PLEASE BLOW" app  | ears, collect breath sample;  |  |                                       |
| 8.           | Print test record;  |   |  |                                       |
| 9.           | Verify Diagnostic Program; an   | d   |  | e e e e e e e e e e e e e e e e e e e |
| 10.          | Verify that the ethanol gas can<br>simulator solution is being cha<br>whichever occurs first. | ister is being changed before ex<br>nged every four months or after | piration date, or the alcol<br>125 Alcoholic Breath Si | holic breath<br>imulator tests,       |
| procedures v | on the day of cere performed on the instrument income of Health and Human Services, and       | dicated above, in accordance wi                                     | th current regulations of                              | e maintenance<br>the N.C.             |



Signature of Certifying Official

Certificate Number

### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 10/21/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG205401 Exp Date: 02/23/2014

| Test  | g/210L                   | Time   |
|---|--------------------------|--|
| DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST | Pass .00 .08 .00 .00 .00 | 10:38am<br>10:39am<br>10:39am<br>10:40am<br>10:41am<br>10:42am |
| AIR BLK   | .00                      | 10:45am  |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708

Test Record Number: 907

Test Date: 10/21/2013

Test Time: 10:45am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:46am<br>10:46am |
| FC        | Pass         | 10:46am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:46am |
| SRC  | Pass   | 10:46am |
| DET  | Pass   | 10:46am |
| BAR  | Pass   | 10:46am |
| BT   | Pass   | 10:46am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| AIR  | Pass   | 10:47am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:47am |
|      | CRC Tests |         |
| Test | Status    | Time    |

| COMP | Pass | 10:47am |
|------|------|---------|
| CAL  | Pass | 10:47am |

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

|  | INTOXIMETERS, MODEL INTOX EC/IR II   |
|--|--|
| County Jo  | ickson Instrument Location Jackson Co. Jail  |
| Instrument Ser   | ial No. <u>008722</u> <u>Sylva, NC</u>   |
| The preventive four months are   | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.       |
| procedures wer   | the 21 day of October, 20/3 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| TRU 12. TIPE  TRU 13. TIPE  TRU 13. TIPE  TRU 14. TIPE  TRU 15. TIPE  TR | Signature of Certifying Official  Certificate Number   |

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/21/2013

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG203103 Exp Date: 01/31/2014

| Test     | g/210L | Time    |
|----------|--------|---------|
| DIAG     | Pass   | 10:39am |
| AIR BLK  | .00    | 10:40am |
| ACCY CHK | .07    | 10:40am |
| AIR BLK  | .00    | 10:41am |
| SUB TEST | .00    | 10:42am |
| AIR BLK  | .00    | 10:43am |
| SUB TEST | .00    | 10:44am |
| ATR BIK  | n'n    | 10.45am |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 10/21/2013

Test Record Number: 588
Test Time: 10:46am EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time               |
|-----------|--------------|--------------------|
| IR<br>FLO | Pass<br>Pass | 10:47am<br>10:47am |
| FC        | Pass         | 10:47am            |

#### Temperature Tests

| Test | Status | Time    |
|------|--------|---------|
| FC1  | Pass   | 10:47am |
| SRC  | Pass   | 10:47am |
| DET  | Pass   | 10:47am |
| BAR  | Pass   | 10:47am |
| BT   | Pass   | 10:47am |

#### Blank Tests

| Test | Status | Time    |
|------|--------|---------|
| ATR  | Pass   | 10:48am |

#### Printer Tests

| Test | Status    | Time    |
|------|-----------|---------|
| PRNT | Pass      | 10:48am |
|      | CRC Tests |         |
| Test | Status    | Time    |
| COMP | Pass      | 10:48am |

Preventive Maintenance Status: Pass

Pass

10:48am

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

| County Ma  | Instrument Location Macon Co. Magistrate   |
|--|--|
| Instrument Ser   | ial No. 008795 Highlands, NC   |
| The preventive four months ar  | maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:  |
| 1.   | Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;   |
| 2.   | Verify instrument displays time and date;  |
| 3.   | Initiate breath test sequence;   |
| 4.   | Enter information as prompted;   |
| 5.   | Verify instrument accuracy;  |
| 6.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 7.   | When "PLEASE BLOW" appears, collect breath sample;   |
| 8.   | Print test record;   |
| 9.   | Verify Diagnostic Program; and   |
| 10.  | Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.       |
|  | the 14 day of October, 20/3 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly. |
| THE STATE OF THE S | Out R Cuth   |
|  | Signature of Certifying Official Certificate Number  |

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 10/14/2013

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2013-10/01/2015

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

| Test                                   | g/210L           | Time                                 |
|--|------------------|--------------------------------------|
| DIAG<br>AIR BLK<br>ACCY CHK<br>AIR BLK | Pass .00 .07 .00 | 2:13pm<br>2:14pm<br>2:14pm<br>2:15pm |
| SUB TEST                               | .00              | 2:16pm                               |
| AIR BLK<br>SUB TEST                    | .00<br>.00       | 2:17pm<br>2:18pm                     |
| AIR BLK                                | .00              | 2:19pm                               |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### MACON COUNTY MACON CO MAGISTRATE 550

Serial Number: 008795 Test Date: 10/14/2013 Test Record Number: 309
Test Time: 2:08pm EDT

System Check: Passed

## Baseline Tests

| Test | Status | Time   |
|------|--------|--------|
| IR   | Pass   | 2:08pm |
| FLO  | Pass   | 2:08pm |
| FC   | Pass   | 2:08pm |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 2:09pm |
| SRC  | Pass   | 2:09pm |
| DET  | Pass   | 2:09pm |
| BAR  | Pass   | 2:09pm |
| BT   | Pass   | 2:09pm |
|      |        |        |

#### Blank Tests

| Test | Status | Time   |
|------|--------|--------|
| AIR  | Pass   | 2:09pm |

#### Printer Tests

| Test | Status    | Time   |
|------|-----------|--------|
| PRNT | Pass      | 2:09pm |
|      | CRC Tests |        |
| Test | Status    | Time   |

| 1000 | Deacas | 11110  |
|------|--------|--------|
| COMP | Pass   | 2:09pm |
| CAL  | Pass   | 2:09pm |

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. \_ the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C.



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Department of Health and Human Services, and the instrument is functioning properly.

HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/03/2013

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: NC
Driver's License Number: Unknown

Analyst's Name: FARLEY, CYNTHIA D
Permit Number: 24123E
Effective:
12/01/2012-12/01/2014

Officer's Name: FARLEY, CYNTHIA D
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG206602 Exp Date: 03/06/2014

| Test     | g/210L | Time   |
|----------|--------|--------|
| DIAG     | Pass   | 3:51pm |
| AIR BLK  | .00    | 3:52pm |
| ACCY CHK | .08    | 3:53pm |
| AIR BLK  | .00    | 3:53pm |
| SUB TEST | .00    | 3:54pm |
| AIR BLK  | .00    | 3:55pm |
| SUB TEST | .00    | 3:57pm |
| AIR BLK  | .00    | 3:57pm |

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### HALIFAX CO. HALIFAX CO. SD 410

Serial Number: 008695 Test Date: 10/03/2013

Test Record Number: 1460
Test Time: 3:58pm EDT

System Check: Passed

#### Baseline Tests

| Test      | Status       | Time             |
|-----------|--------------|------------------|
| IR<br>FLO | Pass         | 3:59pm           |
| FC        | Pass<br>Pass | 3:59pm<br>3:59pm |
| , L C     | LODO         | J.J.Pill         |

#### Temperature Tests

| Test | Status | Time   |
|------|--------|--------|
| FC1  | Pass   | 3:59pm |
| SRC  | Pass   | 3:59pm |
| DET  | Pass   | 3:59pm |
| BAR  | Pass   | 3:59pm |
| BT   | Pass   | 3:59pm |

#### Blank Tests

| Test | Status | Time       |
|------|--------|------------|
| AIR  | Pass   | 4 : 0.0 om |

#### Printer Tests

| Test | Status | Time   |
|------|--------|--------|
| PRNT | Pass   | 4:00pm |

#### CRC Tests

| Test | Status | Time   |  |
|------|--------|--------|--|
| COMP | Pass   | 4:00pm |  |
| CAL  | Pass   | 4:00pm |  |

Preventive Maintenance Status: Pass

Analyst